24 FUNERAL DIRECTOR John A. Moran, Inc. Funeral Home ATE

3000 E. Baltimore St.-Balto. Md.

DHMH - 16 5/AA 4/83 [vkn is. 4]

STATE OF MARYLAND

May 30,1986-Loudon Park Cem. -Baltimore

2b. HOUR

12b. KIND OF BUSINESS OR To Dept. Store

APPROXIMATE INTERVAL

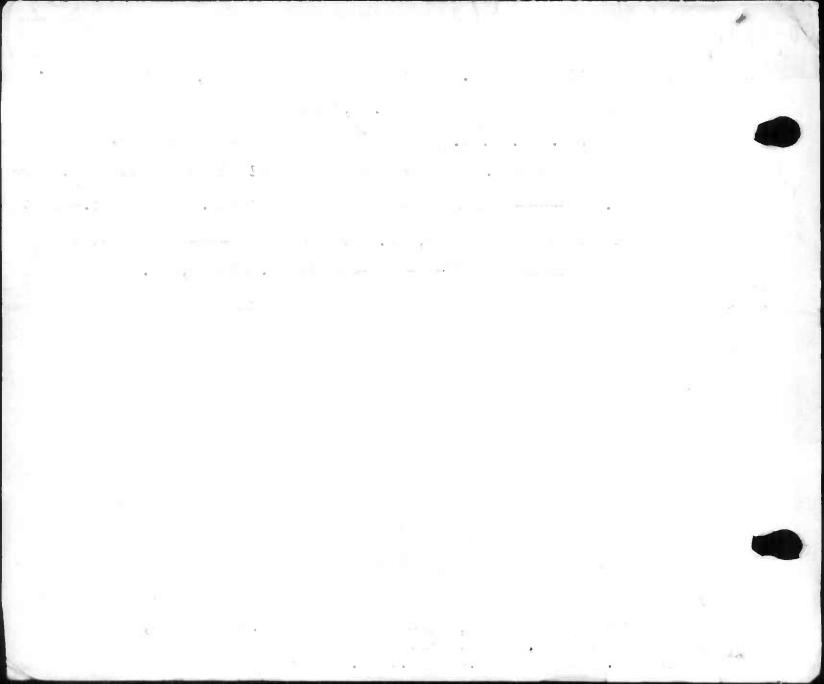
IF UNDER 24 HRS

IF UNDER TYFAR

Lupaiko

COUNTY

STATE



3. SEX RACE S. DATE OF BIRTH S. AGE (IN HABILAT BIRTING) DEVER MARKED S. DATE OF BIRTH S. AGE (IN HABILAT BIRTING) DEVER MARKED S. DATE OF BIRTH S. AGE (IN HABILAT BIRTING) DEVER MARKED S. DATE OF BIRTH S. AGE (IN HABILAT BIRTING) DEVER MARKED S. DATE OF BIRTH S. AGE (IN HABILAT BIRTING) DEVER MARKED S. DATE OF BIRTH S. AGE (IN HABILAT BIRTING) DEVER MARKED S. DATE OF DIRTH S. DATE OF DIRTH DEVER MARKED DEVER MARKED	0108264	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYGIENE 8 6 CERTIFICATE OF DEATH REG. NO.	0 3
(YES, NO O UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-12-3011 Mrs. Mrwy Smith 4719 8 Steel And Approximate the steel of t	form funerol director, page 3 files about 72 hours ofter death	20. DATE OF DEATH MONTH DAY YEAR 5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER LYEAR MONTHS DAY YRS. 8. MARRIED NEVER MARRIED WIDOWED SOLDIVORCED WIDOWED SOLDIVORCED TO HOME OR OTHER INSTITUTION ROMESSION 13d. INSIDECITY LIMITS? YES DO NO 13d. INSIDECITY LIMITS? YES DO NO 15. MOTHER'S MAIDEN NAME AMOULE AND AGE 15. MOTHER'S MAIDEN NAME AND AGE 15. MOTHER'S MAIDEN NAME AND AGE 16. AGE (IN YEARS LAST BIRTHOAY) IF UNDER LYEAR MONTH DAY WONTH DAY	IF UNDER 24 HRS. HOURS MIN. F BUSINESS OR
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELETED OTHE TRANSITION GIVEN IN THAT THE PART TO DEATH BUT NOT RELETED OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF DEATH BUT NOT RELETED OTHER SIGNIFICANT OF THE TRANSITION OF TH	the death certifithe attending premote corban emotion, or remer troumotic ever	ndio respuratory Failure NCE OF LARGE Arythrus	MATE INTERVAL ONSET AND DEATH
WHILE NOT WHILE AT WORK AT WORK AT WORK	VSICIAN: The low require ding physicion. Is certificate has been sign buriol-tronsit permit. Then Mental Hygiene prior to burier 18 shows ony injury or Item 18 shows ony injury	OPERATION WAS PERFORMED 200 AUTOPSY? YES NO PERFORMED 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2) ARM, ETC.) 21l. LOCATION STREET 31l. LOCATION STREET 31l. LOCATION STREET 41l. LOCATI	NGS USED S OF DEATH? NO STATE that (I) (we) lost a couses stated

DHMH - 16 50M 4/83 (VRA 15, 4)

· Russ 2222 W. North Ave

5 ASia

72d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

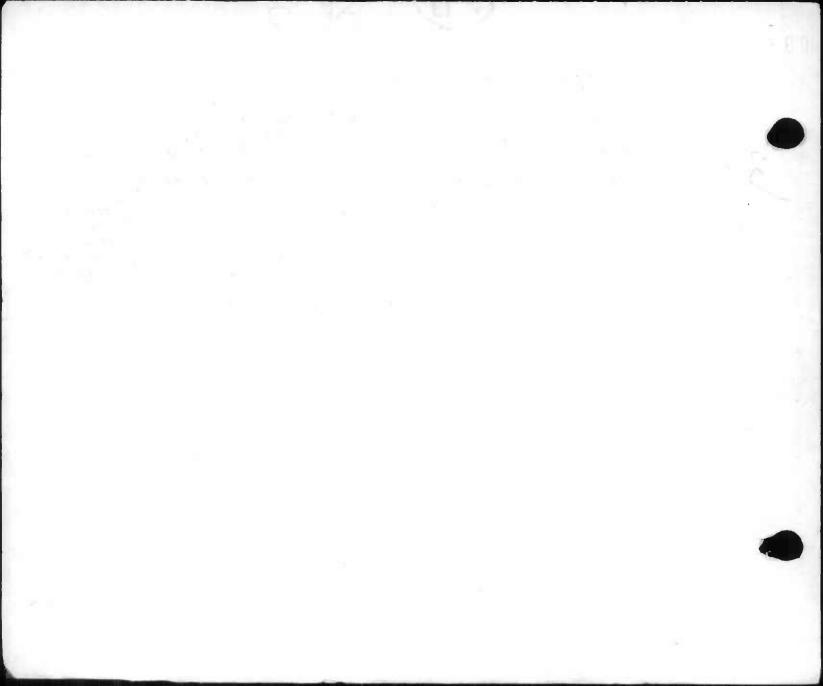
JUN'3 1886

14800,

23 NAME OF CEMETERY OR CREMATORY

STATE

4 th St., Suite INA, Laurel, MS



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the destriction be executed within 24 hours offer deal along 4 moy be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attention of completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please mane carbo income some best of the other and Mental Hygeren prior to buriol, certifications and the State Dept of Health and Mental Hygeren prior to buriol, certifications and the model of them 18 shows any injury, or all the models of them 18 shows any injury, or all the models of them 18 shows any injury, and the models of them 18 shows any injury, and the models of them 18 shows any injury, and the models of the models.
DIVISION OF	TO HOSPITAL OR ATTENDING PHYSICIAN: The laretoined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certification is should be detoched for use os the buriolis with the Store Dept of Heolth and Mental IMPORTANT: If them 21 is marked on them.

0-07212

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		REGISTRAR					TORIL OF	PERIII	REG	NO.		3
		CEASED NAME	FIRST	М	NIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	, , , , ,		Villiam	n S'	wope	F	isher,	Sr.	May	19, 19	86	M
3	SEX			RACE	-		OF BIRTH	YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Ma	le		White		9		1919		66 YRS	MOISTING DATS	MIN.
	a. BIF	RTHPLACE (STATE OR I	OREIGN 76	CITIZEN OF V		VTRY? B		MARRIED -	9 BALTIMORE CITY		Y OF DEATH	
7		entucky	1	U.S.A		WIDOW		IVORCED	Baltimor	e City		MD.
T		TY OR TOWN OF DEA	TH 11	. NAME OF H	OSPITAL, N	URSING HOME		TITUTION	12a USUAL OCCUP	ATION	12b. KIND (OF BUSINESS OR
	Ha	ltimore	F			Kev Me	dical	Center	Truck Dr			r Motor
40	JSUA	A RESIDENCE (IF NURS		HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)						110001
1		ryland	Balti		13c CITY OF Dunda		YES T	NO 🖈	7842 St.			e 21222
		THER'S NAME						'S MAIDEN NAM	ME		TYDIIV	C 21222
1	Po	FIRST	MID	DUE	Fish		Т.	essie	E.		Tor	ber
1		ger /AS DECEASED EVER	IN U.S. ARME	D FORCES?		SECURITY NO.	17 INFORM			PRESS	ner	per
1	,	ES, NO OR UNKNOWN)	(IF YES, GIVE W		106	02 0607	Manaia	Ed ab an		Com	12	
=	Ye		WW II			03-0697	Maria	Fisher		Sall	e as 13	CIMATE INTERVAL ONSET AND DEATH
-11	1	18 CAUSE OF DEAT PART I. DEATH W				RDIAC A	DDECT				BETWEEN	ONSET AND DEATH
Т			IMMEDIATE (CAUSE (o)	CAL	DIAC A	KKESI	•				
				DUE TO OR	AS A CON	SEQUENCE OF						
1		Conditions, if any,	code talk	(Proba	hle My	ocard	ial Ifa	arction.			
		gove rise to imi		(p)	1 1000	1010 119	o cara		ar o date i			
		couse (a), statir	g the	DUE TO OR	AS A CON	SEQUENCE OF						
		underlying cause	lost.	1	Tsche	mic He	art D	isease	& Prior	Myoc	ardial	Infarc
				107			7					
	z	PART 2 OTHER SIGN	AIFICANT CO	NDITIONS CO	NTRIBUTING	G TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	
	CERTIFICATION	190 DATE OF OPERA	LION	TIAL COLIDI	TION FOR W	VHICH OPERATIO	ALL MALE DE DE	00450	20a AUTOPSY?	Jank IE VI	S, WERE FIND	NOCHER
	5	196 DATE OF OPERA	ION	TYB. CONDI	HON FOR W	VHICH OPERATIO	ON WAS PERF	OKMED		IN CERT	IFYING CAUSES	OF DEATH?
4	E								YES NO		ES 🗌	NO 🗆
		21a. ACCIDENT WAS UNI		116. TIME OF HOUR A.A	FINJURY M. MONTH	H DAY YEAR	71c HOW	NJURY OCCURR	RED (ENTER NATURE OF I	VJURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDI		P.A	۸.	19						
ł	<u> </u>	21d INJURY OCCUR	RED	21e PLACE C		OFFICE, FARM ETC }	211 LOCAT		CHIY O	TOWN	COUNTY	STATE
1	2	AT WORK AT WO	IILE	(ALTHOME SING	EET, FACTORY, C	DIFFICE, PARM ETC }						
1		220.1 certify that (I)	(the bospital) ottended the	deceosed I	from	May	1980	to Dan	23	19 86	that (I) (we) last
		sow the decease	ed olive on	Jan	23	19.56.,0	nd that in (my) (ow) opinion o	deoth occurred on the	dote and ha		
П		obove, (I) () () () () () ()	(did not)	new the body	ofter death.		DEGREE				22r DAT	SIGNED
Ш		TIE SIGNATORE	1/2 /	17	111	7 200	be once	ATTENDING	MEDICAL S	TAFF		
Ц			and	(uh	lin b	dy, All	100 1000	PHYSICIAN [DIRECTOR PHY	SICIAN [) -	20-86
		22d. PHYSICIAN'S N	AME (TYPE OR PI	Rinally			22e ADDRE					
1		PAUL	L. TE	CKLEN	BERG	, M.D.	9	101 FR	ANKLIN S	QUARE	DR.	
2	3e B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	CEMETERY OF	CREMATORY	23d LOCATION		COUNTY	STATE
- 1	_	rial		F (00 /3	000					_		STATE.
				5/22/1	986	Holly	HILL		White M	arsh		Maryland
2		INERAL DIRECTOR I	Duda - Ru	$\frac{5/22/1}{100}$	C	Holly	HILL	25a. DATE	White MERC'D. BY REGISTR		JRAR'S SIGNA	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



						STAT	E OF MARYLAND				CONTRACTOR OF STREET
05935	1.	FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL H	0	REG. NO.	3 0	0 6
		CEASED NAME	FIRST		MIDDLE		AST	2a. DATE	OF DEATH MONTH	DAY YEAR	26 HOUR
poge 3		THE	RESE		ŒDA		SCHMAN	MAY	6, 198		10:10pm
ors after	3 SE	female		Whi	te	S. DATE O		52	YRS.	MONIHS DAY	
in 72 hou		RIHPLACE (STATE OR FOR Maryland		USA		WIDOW		Balt	orecity or count imore City		MD.
36	10 €	Baltimore C				PRSING HOME OF	DR OTHER INSTITUTION		LOCCUPATION ORKSECTETATY		Tts Wharf
11/85	13a N	AL RESIDENCE (IF NURSING	G HOME OR C	THER INSTITUTION	13t. CITY OR		134. INSIDE CITY LIMITS	? 13e.STR <u>F</u> Ø	16 DWESS Linwo	ed Av 2	21224
ond 2 st	14. F/	Martin	M	Bart	kowski		15. MOTHER'S MAIDEN Henrietta	NAME	MIDDLE Ma	rch	LAST
rs. Poges	16a \	VAS DECEASED EVER IN YES NO OR UNKNOWN)	U.S. ARM	MED FORCES? WAR OR DATES)	16h SOCIAL 212-30	SECURITY NO.	Glenn Fle	ischmar	ADDRESS 1, 146 N Li	nwood A	Av 21224
n signed by the affer Then please remave c ra burial, cremation, injury, or other fraum	NOI	Conditions, if any, v gove rise to immer couse (b), stating underlying couse	diote the lost.	DUE 10, 0	SEPST	SEQUENCE OF	A RCTION NOT RELATED TO THE TE	ERMINAL DISEA	ase or condition G	IVEN IN PART	110
thas been if permit iene prior	CERTIFICATION	19a DATE OF OPERATION	ИC	19b. COND	ITION FOR W	HICH OPERATIC	N WAS PERFORMED	YES [IN CERT	YES 🗌	NO
certificate urial-tronsit Aental Hygi		218. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL	USE OF DEAT	"	OF INJURY .M. MONTH .M.	DAY YEAR	21¢ HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN ITEM 18	PART OR PART 2	
ter this o	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		(AT HOME ST	OF INJURY REET, FACTORY, OF		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
Spital or CTOR: At I for use a af Healt		22a I certify that (I) sow the deceased above, (I) we (Idia	his hospite alive on Odid not	ottended the MAY	e deceased for	19 MAY	nd that in (my) (our opin	6 , toM2			he couses stated
he ha tached b Dept		226. SIGNATURE 226. PHYSICIAN'S NAM		hee	W.			DIRECTO	STAFF DR PHYSICIAN HOSPITAL	224. DA	TE SIGNED
TO FUNERAL should be de with the Stote	72-			PERED		23, NAME OF	100 N. BR	OADWAS	Z.BALTIMO		21231
BP		BURIAL, CREMATION, RE		9 May	ALCO TO COL		sary Cemetar		CATION CO., M	id .county	STATE
HMH - 16 60M 7/84 (VRA 15, 4)	24 F	hardton Sch	nweig	er FH,	2007 AE	astern .	Av 21231	MAY 8	1986 256 REGIS	LANGE SIGN	orblank

STATE OF MARYLAND

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26 on poor and a 200 care took	ols named to the later	6	D.O.

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2a DATE OF DEATH MONTH DAY YEAR 2b. HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH THE KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY MIDDLE ADDRESS APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) apinian death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME ITYPE OR PRINT) 22e ADDRESS KMC 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

FUNERAL DIRECTO ould b

BP

DHMH-16 30M 2/80

(VRA 15, 4)

24 FUNERAL DIRECTOR

NAME



requires that the death

OR ATTENDING PHYSICIAN: The low

retained by the haspital ar

BP

TO HOSPITAL

00-06165

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	1	3	6	0	
	REG. NO.					

1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	1360
	ECEASED NAME FIRST	BETH . V.	FLETCHER	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
1 SE	F	NEGro	5. DATE OF BIRTH MONTH DAY 25	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS A
or one of	COUNTRY COUNTR	76. CITIZEN OF WHAT COUNTRY!	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAI	CTO COUNTY OF DEATH
B	ALTO.	IT. NAME OF HOSPITAL, NURSI	e General Horp		ON 124 KIND OF BUSINESS INDUSTRY. Deh
130	STATE 13b COUI	130-CITY OR TOV		13. STREET ADDRESS	Fruid Hill Gi
10	ROLAND WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	FIRST	Adys	LAST
	(YES, NO OF UNKNOWN) (IF YES GI	217 -20	- 6144 RELAND	LETERET	1808 n. Bend
ic event, 1	PART I. DEATH WAS CAUSE	E CAUSE (o) SEVI	ERE CONGEST		187 BETWEEN ONSET AND DEA
ather troumof	Conditions, if any, which gave rise to immediate couse 100, stating the underlying couse last.	DUE TO, OR AS A CONSEQU	- 1	AND CARD	10GEM C
ION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER/	minal disease or con	DITION GIVEN IN PART 11a
8 shows any injur	190 DATE OF OPERATION		HOPERATION WAS PERFORMED	200 AUTOPSY?	206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\begin{array}{c} \ext{NO} \\ \ext{D} \\ \ext{NO} \\ \ext{D} \\ \ext{NO} \\ \ext{D} \\ \ext{D} \\ \ext{NO} \\ \ext{D} \\ \ext{D} \\ \ext{NO} \\ \ext{D} \\ \ext{D} \\ \ext{NO} \\ \ex
- / 8	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)	P.M.	19	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)
orked or Item	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		CITY OR TO	1 61
m 21 is m	saw the deceased alive on abave, (I) (we) (did) (did no	tal) attended the deceased from 198 (1) view the body after death.		. 10	, 19
ANT: #	226 SIGNATURE	is like MO	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	CIAN D
MPORT	ANJA	RIA MO	270 ADDRESS NOR.	I'move ,	10 21218
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) UNERAL DIRECTOR	5/14/86 G	NAME OF CEMETERY OR CREMATORY White Mem. PK	artul	STATE
A 7/84	DITERME DIRECTOR	AL HOME 130	1. 1 A A 1230. WA	IN THE R. DINKERSON AK	25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TENDING PHYSICIAN: The low requires that the death

retained by the haspital or attending physician.

TO HOSPITAL

BP.

1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

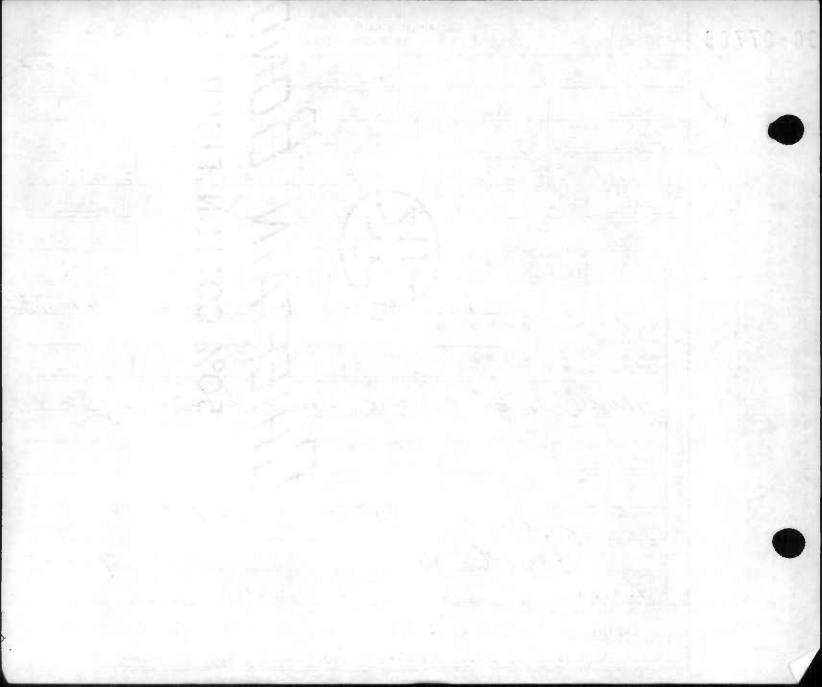
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						REG. NO.		
9	I DECEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH MON	NTH DAY YEAR 2	b. HOUR 30 A
	DAN				GARTY	170	1 FUNDER LYEAR	F UNDER 24 HRS
	3 SEX	4 RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA		HOURS MIN.
0	Male 70. BIRTHPLACE (STATE OR FOREIGN	Whit	WHAT COUNTRY?	Aug.	. 26 02	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
	COUNTRY) Maryland	Usa			D NEVER MARRIED D	Baltimo		440
	10. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b, KIND OF	BUSINESS OR
	Baltimore	350 8	6. Smallwo	ood S	treet	Custodian	Custod:	ial
5	13a STATE 13b C	ME OR OTHER INSTITUTION	130 CITY OR TOWN		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZII	P CODE	1000
4	Maryland		Baltimor	e	YES X NO 1	350 S. Small	wood St., Z.	1223
9	John	MIDDLE	Fogarty	,	Mary	MIDDLE	Shriv	ver
	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YE)	. ARMED FORCES?	166 SOCIAL SECUR		17 INFORMANT	ADDRESS		
-	Yes 192	25-28	217-03-8	3375	Harold W. B	rittingham, 4		Rd., 2122
-	PART 2 OTHER SIGNIFICA PART 2	nt conditions co	eart Di	EATH BUT	NOT RELATED TO THE TERM C. C. Broni N WAS PERFORMED	AINAL DISEASE OR CONDITION 200 AUTOPSY? 20 YES NO	ON GIVEN IN PART TO	Secse SS USED of DEATH?
		F DEATH HOUR A.	M. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	ME SA
	OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED	AINER) P. 21e PLACE		19	21f LOCATION			
	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE FA	RM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) (this has above, (1) (we) (didy di		1 166	5 E	nd that in (my) (our) opinion	5, to May 1 death occurred on he date of		at 11 (we) last
	22b. SIGNATURE	Donel	C. MD		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE/SI	4/86
	Dr. Bone Ili	THE CH PRINTY			St. Agnes H	Hospital		
	230 BURIAL, CREMATION, REMO	VAL 23b. DATE	23t. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	YOUNTY	STATE
	Burial	5/28	3/86 Cre	estla		m.Marriottsvi	lle Howard	Maryland
	24 FUNERAL DIRECTOR	1 Howe T	ADDRESS	r.n.2. 7.1	21229		REGISTRAR'S SIGNATUR	
	Hubbard Funera	I Home, I	nc., 4107	MITK	ens Ave. WA	6 190	The latest principle and the second	

DHMH - 16 60M 7/B4 (VRA 15, 4)

In Indian 21 is marked or Item 18 shows any injury, or other traumatic event, the



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 24207	U
ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be	U
ospital or attending physician.	J
ECTOR, After this certificate has been signed by the ottending survicion and completer filling in by the funeral director, page 3	1
d for use as the buriot-transit permit. Then please remove carban papers, transit is and a spagna papers and the papers. Then gently death	1

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 60-0576 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26 DATE OF DEATH MONTH YEAR 2b HOUR TYPE OR PRINTI DNES 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR FUNDER 21 HDS 3 SEX YEAR white TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Indiana WIDOWED [DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE EXECUTIVE University Hospital Advertising timene SUAL RESIDENCE (IF NURSING HE ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION OUNTY 136 CITY OR TOWN 13e SIREET ADDRESS / ZIP CODE 2 Dodworth Rd. Apt. 204 13d. INSIDE CITY LIMITS? 21093 Timonium Maryland Baltimore FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Clora Powell T.W. Mobley 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS LYES NO OR UNKNOWN HEYES GIVE WAR OR DATEST 311-32-2715 Henry F. Fones Same No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF irrhos, Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 50 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Kertenan 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 18 show 216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY 9 CITY OF TOWN COLINIY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) morked NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceosed olive on 5/3 obove, (I) (we) (did) (did not view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 21 TO FUNERAL DIRECTOR Should be detoched with the Stote Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS niv, Hospitel 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION

DHMH - 16 60M 7/84

(VRA 15, 4)

5/7/86 Burial

24 FUNERAL DIRECTOR

Dulaney Valley Mem.

Timonium, Baltimore Co., Md.

6500 York Rd . 250, CLATEREC'D. BY REGISTRAP ISH REGISTRAP'S SIGNATURE

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Daydoon Mondalle

-05795	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF H	EALTH AND A		GIENE 8	6 REG. NO.	1	3 6	1	ĺ
m 5		CEASED NAME	FIRST		MIDDLE	1	AST		20 DATE OF		-		2b HOU	JR
poge 3			HERIN	IE		FOO	TE			5	1			М
4 ma	3. SE		4	RACE	В	5. DATE O		30	6 AGE TINYER	RS LAST BIRTHDAY)		NINS DAYS	R IF UNDER	MIN.
8 . 8 8	1	F					12	30			YRS	- DEATH		
4 100 7	(RTHPLACE (STATE OR FO	REIGN 7	CITIZEN OF	.S.A.	MARRIE WIDOWE	D NEVER A	VORCED	1	ECITY <u>OR</u> CO Lmore,				
within within		TY OR TOWN OF DEAT	Н 1	1. NAME OF	HOSPITAL, NI	URSING HOME			12a USUAL O	CCUPATION		12b KIND	OF BUSIN	MD. ESS OR
by the	В	altimore			CHERR'	YLAND F	RD. AP	T.G	TYPE OF WORK	OR MOST OF WOR	KING LIFE)	INDUSTRY	f	
24 hour	13a S	AL RESIDENCE (IF NURSIN STATE aryland	IG HOME OR O	THER INSTITUTION		BEFORE ADMISSION)	13d INSIDE C		13-STREET A	obress / Zip Cherr	çope yla:	nd R	Bt. 2	H ₂₂₅
2 sh	14 FA	THER'S NAME	M	IDDLE	LAS	.T	IS MOTHER'S		AME	MIDDLE			L S A	
		Unknown					Ella	a i					Vaug	hn
Poges 1	16a V	VAS DECEASED EVER IN (ES NO OR UNKNOWN)		ED FORCES?		SECURITY NO.	17 INFORMA		as Ess	ADDRESS	1 0	homm	lan	2
S. Po		no			2504	425598	ETT	a wear	se Foo	ce 300	1 0		Y Lan	
d by the ottend leose remove co iol, cremotion, o or other froumo		Conditions, if any, gave rise to imme cause (o), stating underlying cause	the last.	(b)	m.l Dr as a cons	SEQUENCE OF	0		ale c				mo	151
quires signe hen p to bur ijury,	Z	PART 2 OTHER SIGNI	IFICANT CO	onditions <u>c</u>	ONTRIBUTING	G TO DEATH BUT	NOT RELATED	TO THE TERA	MINAL DISEASE	OR CONDITIO	N GIVEN	I IN PART 1	10	
hos been permit. I per prior	CERTIFICATION	19a DATE OF OPERATI	ON	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	20a AUTO			VERE FIND NG CAUSE		TH?
intol Hygin		21a ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT		OF INJURY .M. MONTH	H DAY YEAR	21c. HOW IN	JURY OCCUR	RRED (ENTER NATH	IRE OF INJURY IN IT	EM 18 PART	I OR PART 2)		
er this of the burn ond Me	MEDICAL	21d INJURY OCCURRE	E []	21e. PLACE (AT HOME, ST		OFFICE, FARM, ETC.)	211 LOCATIO	N		CITY OR TOWN		COUNTY		STATE
TOR: After use or of Health		220.1 certify that (1) (sow the deceased above, (1) (we) (di	this hospita	and	29	777	nd that in (my)	, 19 <u>8</u> (aur) apinion	deoth occurred	on the date of	nd hour o	nd from th	, that (l) (e causes st	
y the hosp RAL DIREC detoched tote Dept.		27h SIGNATURE	M	Juli		mo			MEDICAL DIRECTOR	STAFF PHYSICIAN		22c. DAT	e signed	
etoined by the TO FUNERAL should be det with the State MAPORTANT:		228. PHYSICIAN'S NA	UB-	erkmi	an n	no		15, H	anover		Alia	ar, 1	nd, 2	1225
		BURIAL, CREMATION, R	EMOVAL	23b. DATE	0.6	231 NAME OF C		CREMATORY		RTOWN	(COUNTY	Mary	STATE
BP	I B	urial		5-7-8	00	Arbut	us		Arb	utus			Mary	rand

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

WM.C. MARCH F/H INC. 1101 E. NORTH AVE.

3,8,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

-05753

death. Page 4 may be

within 24 hours offer

pletely filled in by the

FOR

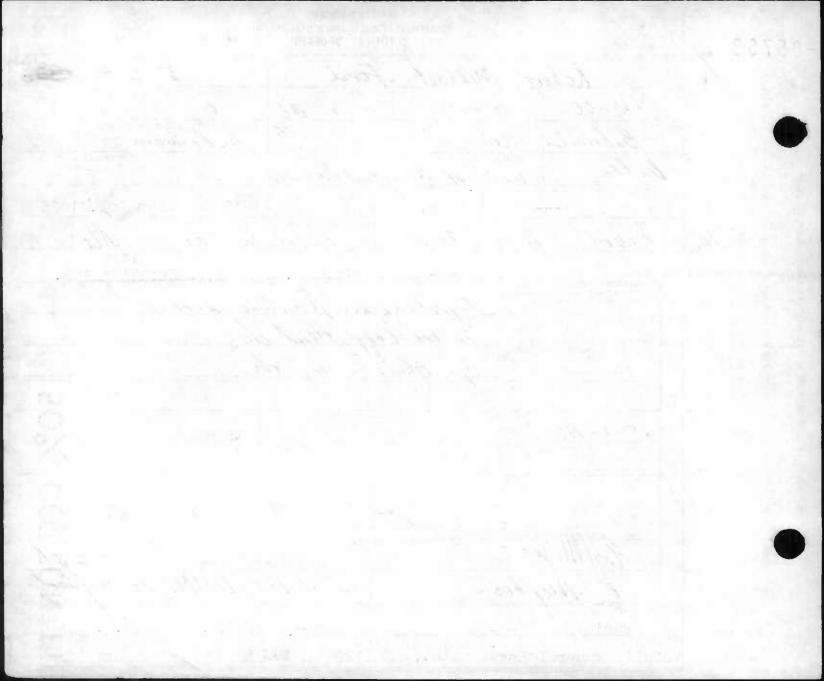
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

mag

		EASED NAME OR PRINT)	FIRST		WIDDLE	77.14	LAST	20. DATE	REG. NO.	ONTH D		26 HOUR
	(TIPE (OR PRINT)	Oper	of A	richal	2/ 1	tond				2 86	105
3.	. SEX	Mal	e	RACE N	h, te	S. DATE	OF BIRTH DAY YEAR S O C		O YEARS LAST BIRTH		FUNDER I YEAR	IF UNDER 2
34		OUNTRY BULT		b. CITIZEN OF	WHAT COUNT	TRY? 8. MARRIE WIDOW		9 6	ORE CITY OR	COUNTY		T.
8	e.cn	Balto.	ATH.		H FACILITY, GIVE S		Can Mal S		L OCCUPATIO ORK FOR MOST OF V		176 KIND O INDUSTRY	F BUSINES
5	30. S		13b. COUN	OTHER INSTITUTION,	Balto	TOWN	13d INSIDE CITY LIMITS	13. STREE	ADDRESS /	zip code kIyn	Ave.	2122
0	4_FA	POGE-F	M	rew	to	-u	15 MOTHER'S MAIDEN	· Cia	X	Nore	en A C	7
1 10		AS DECEASED EVER		MED FORCES? WAR OR DATES)	16b. SOCIAL S	SECURITY NO.	Robert D.	Ford	ADDRES	s 2° Brook	1225 klyn /	Ave.
		Conditions, if any,		(b)	RASS CONSE		ap Head	du,				
	NOI		nediote ng the lost	(c)	PRAS A CONSE	Blat.	Tuvssig	A. RMINAL DISE	ASE OR CONDI	ITION GIVE	N IN PART 310	
1	TIFICATION	gave rise to immoduse (a), statinunderlying cause	nediote ing the lost	(c)ONDITIONS CO	PR AS A CONSE	Blat.	Tuussig		TOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
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DHMH - 16 50M 4/83 (VRA 15, 4)



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marked ar Item 18 shows any injury, ar athar

MPORTANT: If Item 21 is

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

PEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE	8
CEI	RTIFICATE	OF DEATH		0

	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO.	
4	1-DECEASED NAME FIRST	MIDDLE	ST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ı	(TYPE OR PRINT)	M. Fa	0 0 .		12 86 10m
١	3 SEX CARR		eman	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
ı	3 SEA	ACE S. DATE OF MONTH	DAY YEAR	AGE INTERSTAST BRIDGET	MONTHS DAYS HOURS MIN.
Į	temple 1	5/90/6 12	06 13	72 YRS	s.
	76 BIRTHPLACE (STATE OR FOREIGN 76 C	CITIZEN OF WHAT COUNTRY? 8.	NEVER MARRIED 🔀	BALTIMORE CITY OR COUN	TY OF DEATH
9	Delaware	4 5 0 WIDOWED	DIMORCED I	holtimoe	eity MD.
٦	IN CITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME OF		12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
	4011.	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	anial make	CTYPPOF WORK FOR MOST OF WORKING	
9	USUAL RESIDENCE (IF NURSING HOME OR CITAL)		rsing Center	P81163110	
d	130. STATE 13b. COUNTY		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DE, Land
6	maryland	BAltimore	YES NO	1432 Mc Cu	lough street
	14. FATHER'S NAME	O 1457	15 MOTHER'S MAIDEN NAM	AE MIDDLE	LAST
1	ERNEST	BROWN	FANNI	E	FW21
7	160 WAS DECEASED EVER IN U.S. ARMED		17 INFORMANT	ADDRESS	<u> </u>
	(YES, NO OR UNKNOWN) 11F YES, GIVE WAI		LOUIS WI	1/1AMS 1411	DRUID HILL AS
		815222041	2)000	777.7	APPROXIMATE INTERVAL
-	18. CAUSE OF DEATH (Enter only or PART I, DEATH WAS CAUSED BY	ne couse per line for (a), (b), and (c).)	10 a cont	- 1	BETWEEN ONSET AND DEATH
	IMMEDIATE CA	Y / Nan AU T	ve readi	Failure	
		DUE TO, OR AS A CONSEQUENCE OF			
	Conditions, if ony, which	(b) Colon	alex Altel	y Descare	
	gove rise to immediate cause (a), stating the	DUE TO OR AS A SOMESOURALISE OF	0	0	
	underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			1.00
	DART 2 OTHER SIGNIEICANIT CON	IDITIONS CONTRIBUTING TO DEATH BUT I	NOT BELATED TO THE TERM	NAME OF THE PARTY	C N/Cal In L D A D T 1
		Page 1 to a grant of the state of the	OO - (A CO O	Desease or condition	SIVEN IN PART 110
4	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	receive at	archiae		VEC WEST THIS HIGH WAS
1	3 19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED		YES, WERE FINDINGS USED IT IFYING CAUSES OF DEATH?
	#			YES NO	YES NO
		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH	P.M. 19			
	<u> </u>		21f. LOCATION		
	×	(AT HOME, STREET, FACTORY OFFICE, FARM ETC.)	STREET	CITY OR TOWN	COUNTY STATE

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on 5/12
obove, (1) (we) (did) (did not) view the body after death.

DEGREE

ATTENDING

MEDICAL STAFF DIRECTOR | PHYSICIAN [

221. DATE SIGNED

22d PHYSICIAN'S NAME

BEROI

27e ADDRESS

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

226. SIGNATURE

186

MT. ZION CEM

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

COUNTY

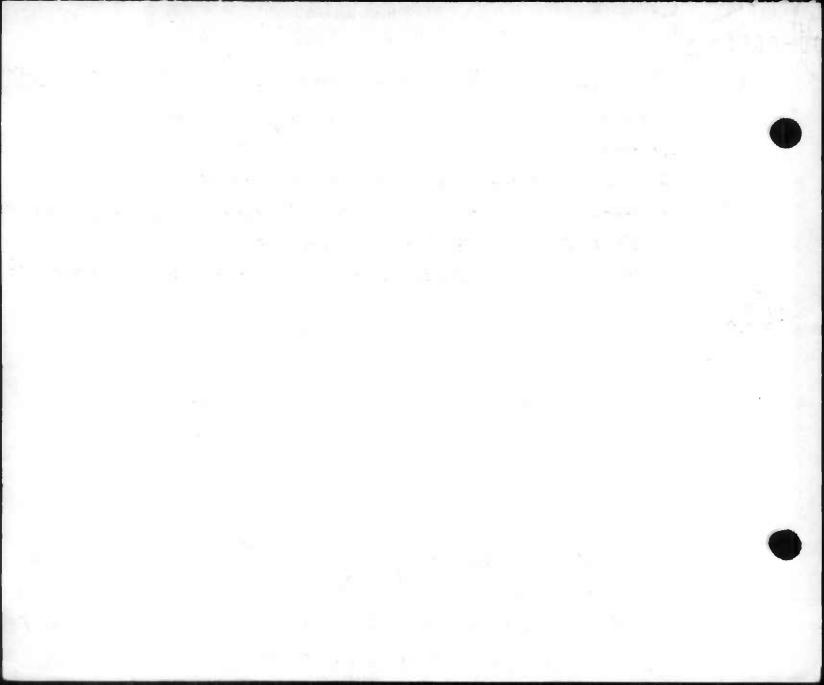
- STATE

-HARRIS FH 1701 Macallob?

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250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)



	1			STAT	E OF MARYLAND				
o-205800	L	FOR STATE REGISTRAR			EALTH AND MENTAL HYC	REG. NO	13014		
be obe 3 death		CEASED NAME FIRST JE OR PRINT)	eanette MDDIE E	lizabeth	reman	20 DATE OF DEATH A	Yay 2 86 11.35 am		
ge 4 mo)	3 SE	Female	1 RACE White	5 DATE C		6 AGE (IN YEARS LAST BIRTH	IDAY) O IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.		
neral dir	70 8	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT C	OUNTRY? 8 MARRIE WIDOWE		Baltimore City OR			
by the fu		Baltimore	11. NAME OF HOSPITA	L, NURSING HOME (GIVE STREET CODRESS) ME COLL KEY ME	or other institution edical Center	120 USUAL OCCUPATIO (TYPHOF WORK FOR MOST OF TIOUS PLUO NIR	WORKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY HOME		
filled m build be f	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		DENCE BEFORE ADMISSION) Y OR TOWN TIMORE	13d. INSIDE CITY LIMITS? YES XXX NO	13. STREET ADDRESS, / 3926 Foste	zip Gode n. Avenue 2/224		
withir within		ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA		C LAST		
or o		John		nardt	Catherin	e Rose	Barrett		
ote be executed within 24 sixton one completely filler body. System one completely filler by over. The medical examiner right.		NAS DECEASED EVER IN U.S. AR YES, NO GRUNKNOWN) (IF YES GIV	E WAR OR DATES	CIAL SECURITY NO. 6-34-7608	Robald (. F		Foster Ave. 21224		
the state of the s		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D RV		amonary o	arrest.	APPRÖXIMATÉ INTERVAL BETWEEN ONSET AND DEATH		
he death cert te attending emove carbar mation, or ree		Conditions, if any, which	DUE TO, OR AS A C	CONSEQUENCE OF	wall MI				
by the cose remo		gave rise to immediate cause (a), stating the underlying cause last	cause (a), stofing the S DUE TO, OR AS A CONSEQUENCE OF						
NG PHYSICIAN: The law requires that the attending physician. The this certificate has been signed by the street build-transit permit. Then please in the and Mennal Hygiene prior to buriol, crearked or Henral 8 shows any injury, ar athe arked or Henral 8 shows any injury, ar athe	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBL				ITION GIVEN IN PART Tra		
The low reficion.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\square\) NO \(\square\)		
SICIAN: TI ng physical certificate rial-transit ental Hygi		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MC	ONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART : ORPART 2)		
PHYSIC tending this cer the burio	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJU	RY DRY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OF TOW	N COUNTY STATE		
ENDING St. Affer Use os 1 Health o		220 I certify that (I) (this hospi	6 119	sed from 9/9	125 19 86	2 to 5/	2 . 19 8 . that (I) (we) last		
haspite inector ined for item 2.1		saw the deceased olive on above, (I) (we) (did) (did na 22b. SIGNATURE	t) view the body after de	arthritis and a second	DEGREE		e and hour and fram the couses stated 22c. DATE SIGNED		
HOSPITAL O		224. PHYSICIAN'S NAME (TYPE O	CULD TE	pgold	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICI			
TO HOSPITAL of retained by the TO FUNERAL Is should be deto with the State I IMPORTANT; if		Edit	h Cepqu	old MO					
BP		BURIAL CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 5-86		un Cemeteru	23d LOCATION CITY OF TOWN CAS AWOOD	R-1 COUNTY STATE		
DP	24 F	UNERAL DIRECTOR	1) -00	JUN LUI	250. DAT	E REC'D, BY REGISTRAR 2	Sb. REGISTRANS SIGNATURE		

14 FUNERAL DIRECTOR Charles S. Zeiler & Son Inc. 901 S. Conkling St. MAY

DHMH - 16 60M 7/84 (VRA 15, 4)

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PERFORMENT ALTER REST OF THE SERVICE PROPERTY SHEET SH

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STATE	OF	ARYLAND
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00-05383	1.	FOR STATE REGISTRAR	DEPARTA		H AND MENTAL HYG	IENE 8 6	1 3	0 5
oy se		CEASED NAME FIRST OR PRINT! HOWARD	MIDDLE	FORN 3. DATE OF BIR	EY	20. DATE OF DEATH	MONTH DAY	96 1142A
nedor un ofte		MALE	White	MONTH	ZZ 03	83	YRS.	DAYS HOURS MIN.
0 20	2	MARYLAND	USA USA	WIDOWED	DIVORCED DIVORCED	BALTIMORE CITY O	CITY	MD.
. 18	30. C	BALTIMORS S	NAME OF HOSPITAL, NURSING LIENOT IN SUCH FACILITY, GIVE STREET.		RAL HODE TAL			KIND OF BUSINESS OR JUSTRY
AND 213	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR OTHER STATE 13) COUNTY LARY CAND			NSIDE CITY LIMITS?	13e.STREET_ADDRESS		S RD. 21229
TO TO	14. FA	THER'S NAME FIRST MIDI	DLE LAST FORN	EY	OTHER'S MAIDEN NAM	WE		LAST A-V
icote be execuitote by hysician and a papers. Pages navol.		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES GIVE W	D FORCES? 166 SOCIAL SECU AR OR DATES) 216052	649 Mrs	^{NFORMANT} Sykes S. Joan Con	ville ADDRE way 7074 F		1784
T., BALT Tricote by physicia propers may al. Tricote. Vent, the		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		herocor	. 1/0	eretor cui	45	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN: The low requires that the death certification of tending physicion. Ifter this certificate has been signed by the attending post the burial-transit permit. Then please remove corbon th and Mental Hygiene prior to burial, cremation, or remarked or them 18 shows any injury, or other troumatic events.		Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	e Core	reliandes des mysof	Le Edema		
quires the grand the plector bearing to burnol nitury, or	NO	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO D	DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN F	ART IIo
he low re on. hos been t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WA	S PERFORMED	200 AUTOPSY?		FINDINGS USED CAUSES OF DEATH? NO
SICIAN: T and physici certificate entol Hygi them 18 sh		216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)
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END ologo R. A rese Heof		220.1 certify that (1) (this haspital) sow the deceased alive an above, (1) (we) (did) (did not) v	attended the deceased from	36 , and the	19 - 19 06 t in (my) (our) opinion o	, taS death accurred an the do	te and have and fr	, that (I) (we) last
At OR ATTI		226 SIGNATURE	BC.	DEGRI	ATTENDING .	MEDICAL STAI	F C	DATE SIGNED
TO HOSPIT. TO FUNER, should be d with the Ste		22d. PHYSICIAN'S NAME (TYPEORPR	e- M-0	22e		JECLHAM JBURNIE		(06/
BP	23o E	Burial Burial			ERY OR CREMATORY Memorial	236 LOCATION CITY OR TOWN	COUNT	TY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	JNERAL DIRECTOR Loring 1728 Liberty Rd.	Byers Funerals D	irectors	s, Inc 250 DATE	Pk Elkridg E REC'D. BY REGISTRAR Y 2 1986	256 REGISTRAR'S	

21133

8728 Liberty Rd. Randallstown, MD

- Liberton

0-06181	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	1 3 0	16
dege 3 te	(TYPE	ORPRINT) SANDY		FOSTER	20. DATE OF DEATH WORLD	2 86	9 FM
7 000	3. SE	P	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR G 28 50	AGE IN HARLIAN BUTHOAN	HUNDER I TEAR HORING DATE	FUNDER SUHE
O 16 84		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	HALTIMORE CITY OR COL	UNTY OF DEATH	MD
O the state of the	10. CI	TY OR TOWN OF DEATH altimore	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	Type of work for most of work	RING LIFE) 126 KIND C INDUSTRY Public	
AND 212	13a S	AL RESIDENCE LIF NURSING HOME OR STATE 136 COUN		WN 13d. INSIDE CITY LIMITS?		code ska s	t 2/23.
MARY MARY	14. FA	g rant	MIDDLE BULAST	eyS- Hellen	MIDDLES	Dor	sey
MORE Page (VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES GIV		8-5653 Jesse For	ter 2630 Ala	aska Str	reet
f., sALT thicate t physicio mpapen menositi		/ PART I. DEATH WAS CAUSE	ly one cause per line far (a), (b), D BY: E CAUSE (a)	house protony	failure	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
PRESTON S or death cer or otherding move carbo nation, or re troumatics		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEC	nal cell ca	rcinoma	, 0	
res that the property of control of the control of		couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECUTION (c)	DEATH BUT NOT RELATED TO THE TERM	ninal disease or condition	N GIVEN IN PART 111	a
NG CLAN THE for require offending physican the rhis certificate flost been tip os the bunol-trong permit them the ond Mentol Hygien prior to he orded or frem 18 shows any including orded or frem 18 shows any including	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDING CAUSES	NGS USED OF DEATH?
CIAN The physics certificate molytrom rental Hyper life m 18 mo		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITE		NO []
IVISION IG the pur s the bur n and Me rked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	21f LOCATION	CITY OR TOWN	COUNTY	STATE
ENDI rol or DR. A Heal		220. I certify that (IV (this hasp) sow the deceased alive an above, (IV) (we) (bid) (did na	tal oftended the deceased from		death accurred on the date an	d have and from the	that (i) (we) lost causes stated
OR he ho he	, 11	226. SIGNATORE	was		MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE	8/86
TO HOSPITAL TO FUNERAL should be det with the Store MAPORTANTE		22d. PHYSICIAN'S NAME ITYPE O	T DALV	22 S. green	ie St, Bal	tipou,	MD 5150/
BP	23a B	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		ing Memorial Park	Randa Tistov	vn county	WD, E

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR March Funeral Home West 4300 Wabash Avenue

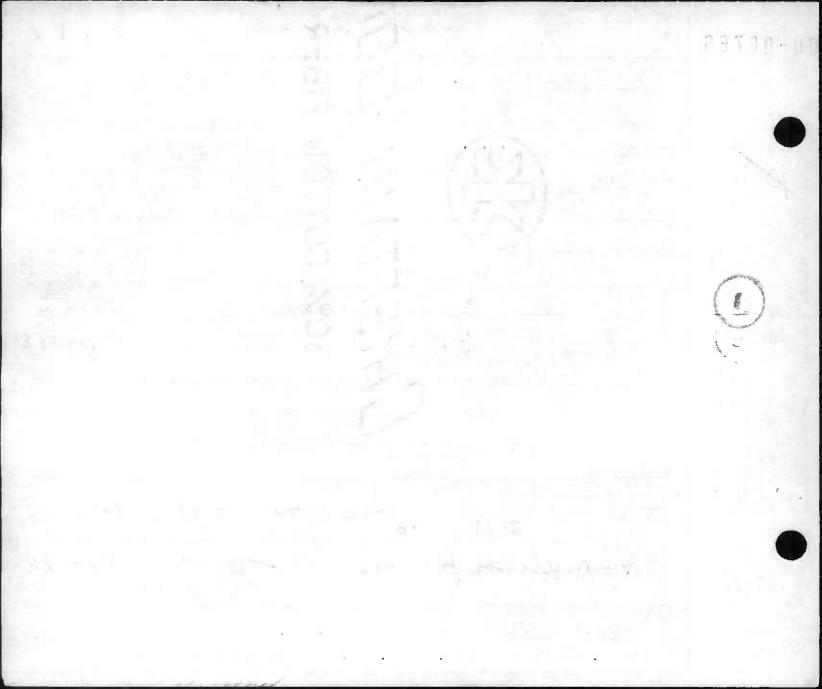
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8	6	- 1	3	6		1
~				-	7	

	1 - STATE REGISTRAR			C	ERTIFIC	ALTH AND MEN		0	REG. NO.	-	3 6	>	1
	1 DECEASED NAM (TYPE OR PRINT)	E FIRST	IA	F.	FO	WLKES			13, 19		Y YEAR	2b. HOUR	М
	3 SEX FEMA	LE	BLAC	K I	DATE OF	1, DAY 192	25	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTHS DATS				IF UNDER 2	HRS. MIN.
5	MARYLAN	1D	U.S.A	•	IDOWED		CED 🗌	BALT	RECITY OR C	CITY	7		MD.
2	BALTIMO	RE (709 KES	Ž ^{ESS)} AV			HUTZ.	LERS	(ORKING LIFE)	RETA		FORE
1	MARYLAN	-11/ -		ALTIMOI	RE			5709	ADDRESS / Z KEY A	IP CODE	JE, 21	1215	
0	CHARLES	MI	EDWARD	JACKS (ON	ESSIE		AE	ADDRESS		ROWNE	ī	
	YES NO OR UNKN		WAR OR DATES)	6-20-52			a. NC	RTON	7142	BEXE		ROAD MATE INTERVONSET AND D	2120
	Conditions, gove rise cause (a) underlying	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN									yes	2/5	
	NO DATE OF	OPERATION	196 CONDITION	I FOR WHICH OP	H OPERATION WAS PERFORMED			YES [NO	N CERTIFYI YES	WERE FINDINING CAUSES	OF DEATH	1?
	OR CONTRIBUTE OF	NOT WHILE AT WORK I that (1) (this haspital edecosed alive on 1) (we) (did) (did not) HE AND MAKE (TYPEOR	P.M. 21e PLACE OF IN (AT HOME STREET, F (AT	MONTH DAY NJURY ACTORY, OFFICE, FARM ceosed from death.	E. one	PHY 22e ADDRESS	9 Topinian of NDING SICIAN	, to	CITY OR TOWN 5 13 d on the date STAFF PHYSICIA	15 ond hour c	COUNTY	that (I) (w	
	(SPECIFY) BU	JRIAL	23h DATE 5/17/86		ME OF CE BUTU	METERY OR CREA	PK.	BAL	riown TIMORI	E MA	COUNTY ARYLAI	ND	ATE
	IR LEROY	O. DYET	т 4600 :	LIÐ:HGH	Ts.	AVE.	25a DATI	Y 11 6	1986 25	L. REGISTR	AR'S SIGNAT	Mendal	

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT. If Hem 21 is marked at Hem 18 shows any injury, or other troum



00 00 00		FOR	-22a 5/6/8	35 1100	DE DE			AARYLAND I AND MENTAL I	HYGIEN	E .					6.5
00-06562	11-	STATE REGISTRAR		- 1				CERTIFICATE (6.	2 6	REG. N	6	C) !	ਠ
		CEASED NAM	E FIRST			NDDLE	18	LAST		20 DATE OF	KNOWN [THOM K	H DA	Y YEAR	26. HOUR
ASE OR. OR.			THERES			nne		OX			MATED [5	7	19 86	
NECESSARY, PEASE NURRAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS	Fe Fe	male	White	Sept.	Ž, 1	1958 27	DAY) MONT	NDER 1 YR. IF UNDER	MIN.	PRONOUN DEAL	NCED	5	7	1986	9:45
SSAR SAL E VO HIN	Jes	RTHPLACE (S	TATE OR	76. CITIZEN O	F WHAT	COUNTRY?	1	IED MEVER MARK	RIED 🗍	9. BALTIN	ORE CITY	OR COU	NTYO		
W. P.		reign country)		U. S.	• A	•	WIDOV		CED 🗆	Balt	imore	Cit	У		M
SIED SEED	7	TY OR TOWN	/	(IF NOT IN SU	CH FACILI	AL, NURSING HOATY, GIVE STREET ADDRESS		ER INSTITUTION	12a. USU	MOST OF WOR	PATION (TY KING LIFE) Urse	PE OF WOR	12b.	KIND OF BI OR INDUST HOSP	ISINESS RY i ta 7
当ちず器。 - 1		Baltimo L RESIDENCE	(IF IN HURSING HOME O	Mercy R OTHER INSTITUTE	ON, GIVE R	ESIDENCE BEFORE ADMIS	SION)					2	170	1	-
S. 21201 IF ANY E AND 3 I. RETAIN SHOULD L'PECON	lau S		III COUNT	01.1		Sykesvi	lle	136 INSIDE CITY LIMITS? YES NO 1	13e STR 90	1 LO	blol	ly	in	e Coi	urt
MD.		THER'S NAMI		MIDDLE		LAST		15 MOTHER'S MAID			AIDDLE			LAST	
DEAT PARTY	100	llbert		J. MIDDLE		eumann		Lois		L	•			fer	
BALTIMORE, MD GIVE PAGES 1, 2, THE FORM PM 3, THE FORM PM 3, WISION OF WIALL	160.	VAS DECEASE ES. NO, OR UNKNO O	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		218-72-		Christon	Syke pher	svil Fox	leodres III	· -90	01	2178. Lobl	4 ollu
S S S S S S S S S S S S S S S S S S S	F	18. CAUSE C	OF DEATH (Enter onl	y ane cause pe		r (o), (b), and (c).)			Pi	ne C	ourt		В	APPROXIMATETWEEN ONS	E INTERVAL
S S S S S S S S S S S S S S S S S S S	7	9 38	MMEDIAT	E CAUSE (a)_				st under s				i.a			
WOW WOOM		Condition	ns, if any, which	RYETO	OR AS	ACONSEQUENC	opr du	ring codes	area	n sec	tion				
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		gove ri	se to immediate) stating the under-	(b)_	ORAS	A CONSEQUENCE	OF						+	_	-
ON, CAR		lying car		(c)											
IL RECORDS, 201 WID BE EXECUTED "PENDING" IN FE MEDICAL EX EX DAS A BURIAL F. HEALTH AND MA AL, CREMATION,		PART 2 OTHER S	IGNIFICANT CONDITIONS		SEATH BUT	NOT RELATED TO THE TE	MINAL OISEAS	E OR CONDITION GIVEN IN P	ART 1 a.						
RECORDS. D BE EXECTORDING. PENDING. AS A BURIEDITH AN CREMATI	CERTIFICATION												- 1		
	FICA		OPERATION			N FOR WHICH OP		VAS PERFORMED?					20	AUTOPSY	
FVA WORNER TO SECOND	EB	May 7	1986 AL CAUSE WAS	21b. TIA	AE OF IN		21c. H	OW INJURY OCCURR	ED (ENTER	NATURE OF IN	JURY IN ITEM I	B PART 1 OR	PART 2)	YES X	NO [
DIVISION OF VITAL RECORDS. AMNNER: THIS CRITICLATE SHOULD BE EXECRIFICATE, WRITING THE WORD "PENDING". BE FORWARDED TO THE CHIEF MEDICAL. RECTOR: PAGE 3 SHOULD BE USED AS A BUY WITH THE STATE DEPARTMENT OF HEALTH AN RECTAND, 21201 PRIOR TO BURIAL, CREMAIN		UNDERLYING	G OR ING CAUSE OF E		P.M.	5/7 198		erapeutic	Misa	dvent.	ure				
VISIC FERTIIING FED TO SEPA PRICE	MEDICAL	21d. INJURY	OCCURRED	21e PL	ACE OF	INJURY (AT HOME,	211 LC	CATION		CITY OR TO			COUNTY		STATE
13444-/C	+ 2	AT WORK	NOT WHILE AT WORK			ital	30		l Pla					yland	
A TE. T		22u. Fourt	ty that I look charg	e of the remain	ylleson	bed above, held an	Autop	osy X, Inspection	on .	Inquiry		and in my	opinior	1	
AMINER: RTIFICATI O BE FOR RECTOR: ATTH THE	1	death result	egftragh) Natur	ol counes	-fa	ccident K.	vicide	Homicide .	Undet	termined m	anner				
AN ON THE	1	ACTUAL /	Ully,	NA	Mi	Mall	111.	AGGIGTON	+			DAT	E	5-8	-96
SHE SHE		SIGNATURE			11 0	1	N	Assistan	LMED	OICAL EXA	MINER	SIG	NED_	5-0	-00
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PACE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PARTER DEATH WITH THE STA	4	EXAMINER'S (TYPE OR PRI				Æh, M.D.			penn	St.	Balt	0.,	MD	2120	1
524748	23a.B	URIAL, CREMA	TION, REMOVAL 2	3h. DATE 5/10/8	36	Morel C	and 1	rcrematory Memorial	Par Par	CATION OR TOWN	owso	$n \cdot S$	QUNTY OR	ulani	TATE
BP/10	24 F	UNERAL DIRE	TOR Ster	ling I	F'un	eral Es	tate	P ZAb. DATE	REC'D. B	Y REGISTRA	AR 25h. REC	GISTRAR'	SSIGN	ATURE	~
DHMH - 17 (VR A15 ME (5))	1	36 Ed	mondson	Ave.	, Ca	tonsvil	le, i	Md. 2122	3-40		of war	Davids	00/v/		1

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00-0685	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 3 6	13619
ge 4 may be ector, page 3 rs after death		CEASED NAME FIRST E OR PRINT) I/ene X Female.	MAY 1. RACE Wh.te	S. DATE OF BIRTH MONTH DAY YEAR 7 18 2	6 AGE (IN YEARS LAST BIRTHDAY)	12 86 7148 F
ofter death. Pa	7	IRTHPLACE (STATE OR FOREIGN FOODNITRY) FNNA ITY OR TOWN OF DEATH Alt. more	IN CITIZEN OF WHAT COUNTRY? U S II. NAME OF HOSPITAL, NURS II IJE NOT IN SUCH FACILITY, GIVE STREET	8. MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION (ADDRESS)	X City	KING LIFE) 176. KIND OF BUSINESS OR
within 24 hours elsely filled in b	13a.	AL RESIDENCE (IF NURSING HORE OR O STATE 136 OUNT ATHER'S NAME	DIMERINSTITUTION GIVE RESIDENCE BY FOR TOWN AND LINE LAST	VN 134 INSIDE CITY LIMIT	8403 P10	1 1111
te be executed components. Poges I don the medical components.		WAS DECEASED EVER IN U.S. ARM	WAR OR DATES) 172 2	86792 /JEN	NETH FOY	BOTO WOODBING WOODBING WOODBING APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OR ATTENDING PHYSICIAN: The low requires that the death certificale hospital or attending physician. DIRECTOR: After this certificate has been signed by the filtrining attached for use as the buriol-stransit permit. Then please remit in the please remit is a buriol stransit permit. The please remit is possible to the buriol stransit manner than the prior to buriol, creming them. It is marked or Item 18 show-rany injury, or other than the prior to buriol.	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	espratory a co ENCE OF of Anterior Com	mmun cating Arde	19 DAYS
		Per Bl FAILE 190 DATE OF OPERATION 4-23-86 210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	196. CONDITION FOR WHICH Ruptused 116. TIME OF INJURY HOUR A.M. MONTH D P.M.	DEATH BUT NOT RELATED TO THE T	20a AUTOPSY? 20b IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{\tin}\text{\texi\text{\text{\text{\texi\tex{\text{\terit{\text{\text{\text{\texi}\text{\texit{\text{\texit{\tet
		21d INJURY OCCURRED WHITE NOT WHITE AT WORK 27a.I certify that (I) (this hospital sow the deceased alive an above, (I) (we) (did) (did not) 27b. SIGNATURE	5-12-86 19	5-/2-86 19	to 5-10-8	. 17, 11101 (17 (440) 103
TO HOSPITAL (retained by this TO FUNERAL I should be deto with the Store E IMPORTANT: If	230	27d. PHYSICIAN NAME (TYPE OR) ELS N BURIAL, CREMATION, REMOVAL	er	ATTENDIN PHYSICIA	Jule St. (Salt.
BP	3	UNERAL DIRECTOR ONALD SON FO	MAY 16, 198	LAURE (250.	DATE PECID BY REGISTRAR 256, P. MAY 1 6 1986	SVILLE MI EGISTRAR'S SIGNATURE

MANY - STATE OF BELLEVIAM

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	REG. NO.					

	1 -	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG	SIENE 8 6	D.	3 6	20
		CEASED NAME FIRST OR PRINT) Albert	MIDDLE "	franklin	AST	-		YEAR	26 HOUR 9.29 PM
1	3. SEX		black	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER TYEAR	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	UNTRY? I. MARRIE! WIDOWE		Baltimore Cityo	_	Ci ty	MD.
		Baltimore	11. NAME OF HOSPITAL, (JENOT IN SUCH FACILITY, G		r other institution	120. USUAL OCCUPATION OF WORK FOR MOST O			OF BUSINESS OR
	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN	VITY I3c. CITY	OR TOWN	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA.		ZIP CODE	Ave.	21200
	6a W	Somue) VAS DECEASED EVER IN U.S. AR.	Frank	IAST IL O IAL SECURITY NO.	Elizabe	WIDDLE		Wa 77	
	{4	(IF YES, GIV		20-0902	Aoberta B	vanks 3 P	enny		MATE INTERVAL ONSET AND DEATH
2	CERTIFICATION	couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFIC ANT C		ING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONF	20b. IF YES,	WERE FINDING CAUSES	NGS USED
4	RTIF	ACCOPTAIN VALUE OF THE PROPERTY OF	THE OF INITIAL		Tal. How blury occurs	YES NOT	YES		NO 🗌
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	19	21c HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	Y IN ITEM TE PAI	RTTORPART2)	
	MED	21d INJURY OCCURRED WHILE OCT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY	Y, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this hospi sow the deceased alive an above, (1) (we) Idid) (did no		19, or	nd that in (my) (our) opinion			ond from the	
			5,00			MEDICAL STAF	FIAN	5/25 DATE	SIGNED
		22d PHYSICIAN'S NAME (TYPEO)	IR PRINT)		FSKMC 44	140 Easter	Ave		
	230 B	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 5/29/86		emetery or crematory on Forest VA	23d LOCATION CITY OF TOWN OWINGS		ills	MD
	24 FL	INERAL DIRECTOR M.NAG. March F/H	H 1101 E. No	orth Avenu	ie 250 DAT	E REC'D. BY REGISTRAR	266 REGISTR	AR'S SIGNAT	UR LINGUES

DHMH - 16 60M 7 (VRA 15, 4)

BP.

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may be

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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5	0	- 1	0	0	ha	
	DEC NO					

	CEASED NAME FIRST	MIDDLE		LAST				AY YEAR	2b HOUR
3 SE>	Thomas	Barnet:	S. DATE C	derick	sr.	May 20		IF UNDER I YEAR	IF UNDER 24 HRS
	Male	White	MONTE	H DAY	1920	66	YRS	ONTHS DAYS	HOURS MIN.
7a BII	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ATRY? 8	4	MARRIED -	9 BALTIMORE CITY C		OF DEATH	1 1
	innesota	USA	WIDOWE		IVORCED	Baltimor	e City	7	Wi
	altimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Sinai Hospita	STREET ADDRESS)	OR OTHER IN:	NOITUTITE	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Mech. Mai	F WORKING LIFE		of BUSINESS OF
130 S MC	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUL Bal	ROTHER INSTITUTION, GIVE RESIDENCE NITY 134 CITY OR BALT.	NWOTS	13d INSIDE YES	ON O	13e.STREET ADDRESS 3608 Hoop		enue	21211
	ATHER'S NAME	MIDDLE LAS	ST.		'S MAIDEN NAM	MIDDLE		LAS	51
-	ames A. Frederi				ssie Bar	mett			
160 V	WAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GIF YES	VE WAR OR DATEST	SECURITY NO.	17 INFORM			imore		d 212
7	YES	214-	16-7253	Mrs.	Estelle	Frederic36	08 Hoc		ENUE
	Conditions, if ony, which gave rise to immediate couse tot, stating the underlying couse last	DUE TO, OR AS A CON:	diac Ar			20.50		5 y	ears
CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION				200 AUTOPSY?	20b. IF YES,	, WERE FINDING CAUSES	NGS USED
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		21c. HOW I	NJURY OCCURR	ED (ENTER NATURE OF INJU			
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DEFICE FARM ETC.)	211 LOCAT STRE		CITY OR TO	NWO	COUNTY	STATE
	220.1 certify that (I) (this hasp sow the deceased alive or above, (I) (wa) (did) (did no 22b. SIGNATURE		19 8 6	nd that in (m)	ATTENDING	to 5/20 death occurred on the d	ote and hour		
4	22d PHYSICIAN'S NAME (TYPE	O PRINTI	Name of the last o	22e ADDRE	PHYSICIAN S	DIRECTOR PHYSIC	CIAN	3/27	406
		Wolf Rosent		3400	Brehm'	s Lane Bal	to mi	0 2/2/	3
Bu	BURIAL, CREMATION, REMOVAL CPECTY 1	05/24/86		g Ceme	tery	23d LOCATION CITY OF TOWN Monkton,			
24 E	Burgee-Henss Fu	neral Home, P.	A. Balti	more 2	121 250. DAT	PRECID. BY REGISTRAN	25b. REGISTE	WILLS	ande Blo

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

010.7		iel asimin	and planters			
			Office of Earth	stinkt		
		Jeronacy C				
	(3)	Worth, Military				
	market to	73608 Tococc		Balto, City Bellinero		

James II. Proventido, fin. | Iventio Brights |

928 - 125-36-36-37 | Mark Bark 130 Pres ... \$397-3 | Avenue

			FOR	0.00 + 0.7	STATE OF MARYLAND	LOIPLIP 25 1	1 9 6 13 13
0 -	07453	1.	STATE REGISTRAR	DEPARI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	10024
	a Charle		CEASED NAME FIRST ALBERT	MIDDLE	TREE MAN	20 DATE OF DEATH MONTH	22/86 The HOUR
	The state of the s	3. SE	MALE	1. RACE BLACK	S. DATE OF BIRTH MONTH DAY 1916	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	nerol dir in 72 hou		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	"Kalh	CITY MD
10	by the full filed with	10. C	BA 40	(IF NOT IN SUCH FACILITY, GIVE STREET MELCY	ADDRESS) HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 176 KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 2120	filled in rould be fmust be	130	MP 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 130 CITY OR TOV BACTO	VN 136 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	
MARYL	ed within sh		ATHER'S NAME	MIDDLE FREEMA	IS MOTHER'S MAIDEN N	AME	WILLS
IMORE,	Pog med at		YES, NO OR UNKNOWN) (IF YES GI	RMED FORCES? 166 SOCIAL SECTION OF THE PROPERTY 166	J-2629 MASIE	FREEMAN 12:	28 N. Charse S
W. PRESTON ST.,	files the distribution of the control of the contro		DADTI DEATH MACC CALIC	DUE TO, OR AS A CONSEQU	ENCE OF onary artery	diséase	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ORDS, 20	en signed Then pli or to buril	TION			DEATH BUT NOT RELATED TO THE TER		
AL RECO	The low	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, 201	IG PHYSICIAN: oftending physic ter this certificates the buriol-trans on and Mental Hygined or Item 18 streed or Item 18 street or Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH D	AY YEAR 19 71f LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	(COUNTY STATE
	spital or STOR: Africase of for use o of Health		sow the deceased alive or	outal) attended the deceased from 19 19 19	SC, and that in (my) (our) opinio	n death occurred on the date and t	. 19 86, that 11 (we) lost nour and from the causes stated
	y the hory XAL DIREC detoched ore Dept.		27b. SIGNATURE Mobert	Thith	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/23/86
	etoined by TO FUNER, should be d with the Sto		270 PHYSICIAN'S DAME (TYPE	ORPRINT) + T Smith	1000 E	- 01 0	Ho, mol 2120
	Te Fra Z	73p	BURIAL CREMATION REMOVAL	23h DATE 23c	NAME OF CEMETERY OF CREMATORY	1736 LOCATION	

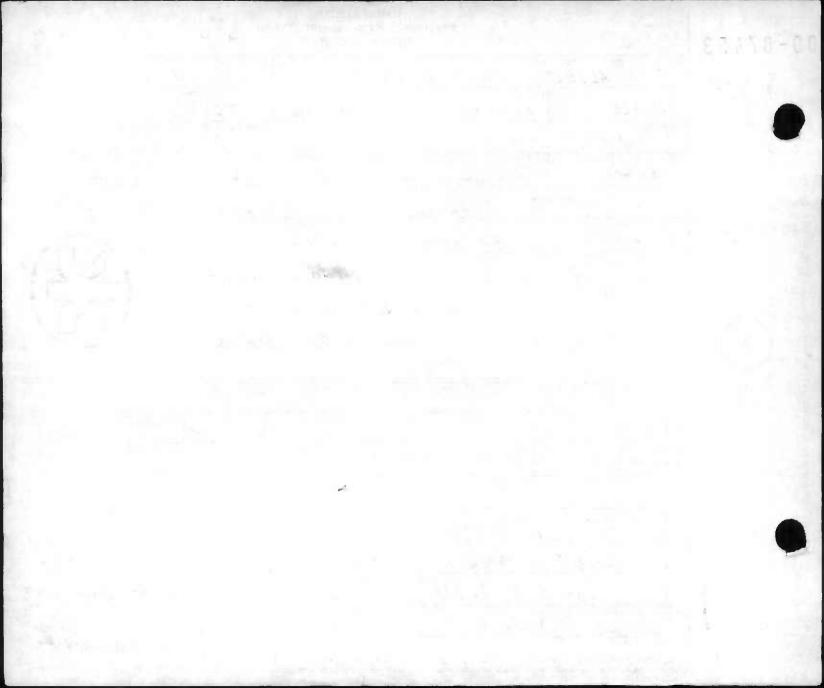
IMPORTANT: If Item 2 730 BURIAL, CREMATION, REMOVAL (SPECKY)

BURIAL

24 FUNERAL DIRECTOR 23b DAJE 73c. NAME OF CEMETERY OR CREMATORY, 23d LOCATION OWNGS COUNTY STATE 5 FOREST GARRISON 26 mills MD 129 N. CAROLINE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



- STATE

REGISTRAR

4 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

1. DECEASED NAME FIRST 2a. DATE OF DEATH MONTH LTYPE OR PRINTS ERA EEMAN AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION WORK FOR MOST OF WORKING LIFE! ADDRESS RESPIRATORY DISTRESS 28 Gastrie aspiration CHRONIC RESPIRATORY FAILURE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN mar and that in (my) (our) opinion death occurred on the date and hour and from the causes stated STAFF DIRECTOR PHYSICIAN HOOPITAL, INC.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

2h HOUR

12b. KIND OF BUSINESS OR

NO [

COUNTY

DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22r. DATE SIGNED

IF UNDER 1 YEAR

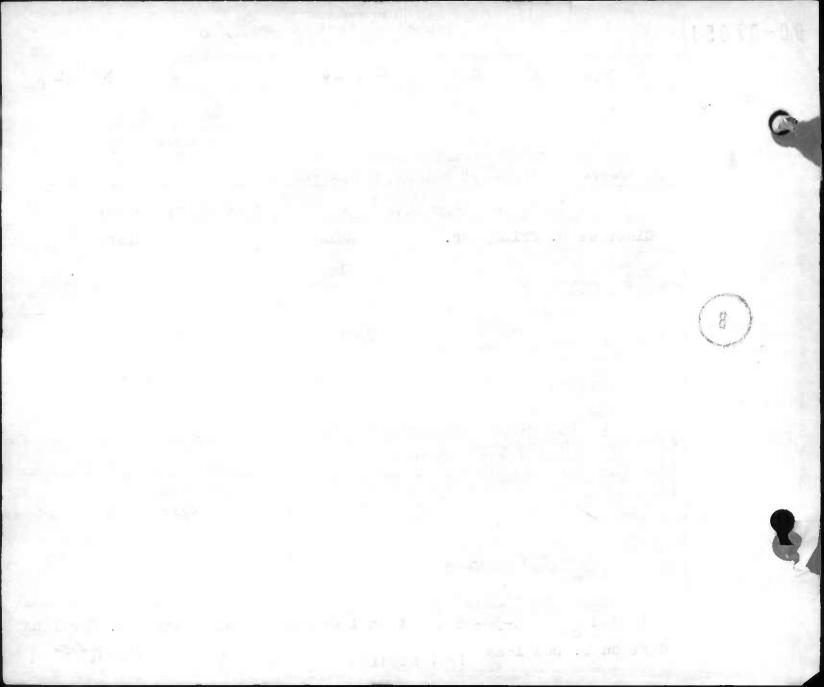
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00-07851	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 1 3 5 2 4 CERTIFICATE OF DEATH					
nay be page 3		CEASED NAME FIRST CLAREN	CE R,	FRIDAY	28 DATE OF DEATH MONTH	22 86 245 pm		
ector, po	3. SE	x male	4 RACE black	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN.		
See dir	70. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTI	RY? 8 MARRIED NEVER MARRIED WIDOWED TO DIVORCED	Baitimore city or count	City MD.		
by the fu		Baltimore	UMV OF MO	wyland Hospital	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I) Maintenance	12b. KIND OF BUSINESS OR INDUSTRY Auto		
AND 212	13a	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BE NTY LTO CITY BUILT BUILT	FORE DANSSION) OWN 13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP COL	DE AVE 21218		
MARYL, and 2 sh	14 F	Clarence R.	"Friday Sr."	15 MOTHER'S MAIDEN NA Zula	WIDDIE	Clark		
BALTIMORE, core be executed by the medical	160	WAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)		orge 1417 E.			
es that the death certificate by the or duffing in please removal. Are an extremely creme to the please removal.	or other trample was the	Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A CONSE	ac-Pulmonary A	acinoma	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH		
AL RECORDS The law requiren. The law requiren. The law requirent in permit. The little prior to have any injury.	CAL CERTIFICATION	190. DATE OF OPERATION 5-13-86 THE ACCOUNT MALE DEPOSITION CONTINUE TO PERCENT MALE ALLER OF DEPOSITION OF DEPOS	216 TIME OF INJURY HOUR A.M. MONTH			ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \(\text{NO} \)		
DIVISION OF VIT	MEDICAL		The PLACE OF INJURY INTERPRETATION OF INTERPRETA	5/12 19.86	death occurred on the date and ho	10.86 that it sales stated		
PITAL OF ATT by the hospin VERAL DIRECT os detroched for Store Dept of		tow the decound alive obove. (I) (and ideal) is a second of the control of the co	triview the body after depth	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	5-22-86		
TO HOSPITAL retained by the TO FUNERAL Should be detain with the State IMPORTANT: If	23a	*	HENG, M.D.	31 NAME OF CEMETERY OR CREMATORY	Maryland Hosp) ,		
BP DHMH - 16 60M 7/84 (VRA 15, 4)		BURIAL CREMATION, REMOVAL (SPECIBULIAL) UNERAL DIRECTOR C. DO	_	National Cemeter SS McCulloh MAY	y Salisbury E REC'D BY REGISTRAR 156 REGIS	NO Carolina		



requires that

ATTENDING PHYSICIAN. The

0	0	-	06	99	
	MARYLAND 21201		ed within 24 hours ofter death. Page 4 may be	mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death	excerning must be notified of once.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	6	3	0	2	
	REG. NO.				

	REGISTRAR		CERTIFICATE OF DEATH	REG. N	o.
	CEASED NAME Loveto	MIDDLE	Norse riend	2ª DATE OF DEATH	5-15-86 3.33
3 SE	LOPEME	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
3 36	Female.	Black	MONTH DAY YEAR 32	53	YRS DAYS HOURS A
		CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
(COUNTRY	USA	WIDOWED DIVORCED	- 1/4 11	re city
10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF	ION 126. KIND OF BUSINESS
	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY	13c CITY OR TOV	WN 13d. INSIDE CITY LIMITS	? 13e STREET ADDRESS	ZIP CODE St 212 Hosher St 212
14. FA	ATHER'S NAME		15 MOTHER'S MAIDEN	NAME	71031101 01
0	FIRET	Denn	is Victor	MIDDLE	1) enable
16a V	WAS DECEASED EVER IN U.S. ARME		URITY NO. 17 INFORMANT	ADDRI	SS
(YES NO OR UNKNOWN) (IF YES, GIVE W	var or Dates) 225-3	38-380 Vanessa	Friend 181	3 Whitmore Avenu
	18 CAUSE OF DEATH (Enter only	one cause per line for (a). (b), a	ind ic !!		APPROXIMATE INTERVA BETWEEN ONSET AND DE
	PART I. DEATH WAS CAUSED	BY Codd.	/	nhest.	
	IMMEDIATE	CA001 (0)			
	Carella and 16	DUE TO, OR AS A CONSEQU	DENCE OF embed	1.610	
	Conditions, if any, which gave rise to immediate	(b) Par	manary emount	43 M /	
	couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	UENCE OF		
		(c)			
7			DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
TIO	cardiomy				
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	h operation was performed	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21/ HOW IN LURY OC	YES NO	
	OR CONTRIBUTING CAUSE OF DEATH	LIGHT A AL ALCOHUTH F		CONTROL OF POOR	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
MED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC 21f LOCATION	CITY OR TO	OWN COUNTY STATE
	AT WORK AT WORK				
115	22a.1 certify that (1) (this haspital				19.86 , that (I) (we)
	sow the deceosed olive on obove, (1) (we) (did) (did not)	view the hody ofter death	ond that in (my) (our) opin	nion death occurred on the d	ate and hour and from the causes state
	22b. SIGNATURE	view rice body orier deorii.	DEGREE		22c. DATE SIGNED
	Matters		ATTENDIN PHYSICIA		
	228 PHYSICIAN'S NAME TYPE ORP	PRINT)	22e ADDRESS	.1.1	7
	A malhen		Lutheran	からかける・コな	Al houston St.
	1, 1,00			Ba	timere.
	BURIAL, CREMATION, REMOVAL	111111111111111111111111111111111111111	NAME OF CEMETERY OR CREMATO	Baltimor	e county M
	Burial	5/21/86 E	Eastview Cemetery	Daltillor	e I'D

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

24 FUNERAL DIRECTOR March Funeral Home West 4300 Wabash Avenue 25a. DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

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	登録を		REIGN COUNTRY)		U.S.	70			WED N	EVER MARR DIVORC		De la	Limov	- 0	4		
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QW	I STAND	1	ATHER'S NAME		MIDDLE		LAST		15. MOTH	ER'S MAID	ENNAME	A	AIDDLE			LAST	
W	3902200		John		Jacob		FRITZ		C	aroli	ne					ABEL	
WO	SSO SS	16a. \	WAS DECEASED EN	ER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. S	OCIAL SECUR	ITY NO.	17. INFOR	MANT			ADDR	ESS		_	
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	5-0399				(c)								. 1				
DIVISION OF VITAL RECORDS.	BESERVE	-	PART 2 OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TE	RMINAL OISE	ISE DR CONOITIO	ON GIVEN IN PA	RT 1 to .						
00	AAA AS AAA	CERTIFICATION															
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-	ASSESSED TO SERVICE TO	E														YES	NO K
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ă	SHOW SHOW	Σ	WHILE AT WORK	OT WHILE	STREET, F	ACTORY, FAR	M, ETC.)		STREET			CITY OR TO	WN		COUNTY		STATE
	STA PA							-			[37				-		100
	EXAMINER CERTIFICATI UID BE FOR DIRECTOR: WITH THE		22a I certify th	7	ge of the remains d	lescribed	bave, held an	Auto	psy L.,	Inspectio	n [X].	Inquiry		and in a	ny apinian		
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	A SECTION		ACTUAL /	n. (1	_	_			SPECIFY)							
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	AND SAN	1	EXAMINER'S NA	1 /	V												
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALLIMORE, M		(TYPE OR PRINT)	Ann	M. Dixo	n, M	.D.		_ADDRESS_	111 1	Penn	St.,	Balt	0.,	MD	21201	_
	524544	23e. B	URIAL, CREMATIO	V, REMOVAL 2	3b. DATE	2	c. NAME OF C	EMETERY	OR CREMAT	ORY	23d. LC	CATION			COUNTY		STATE
07/84	BP	1	Burial)	5/7/86	1	Parkwo	od Ce	emeter	У	Bal	ltimo:	re Ci	Lty	COUNTY		AD
25M	DHMH - 17	24 F	UNERAL DIRECTOR	?						250. DATE					R'S SIGNA	ATURE	
	(VR A15 ME (5))	Hu	bbard Fu	neral H	ome. Inc	41	97.Wilk	ens	Ayean	MA	Y 5	100F	de	4		*	

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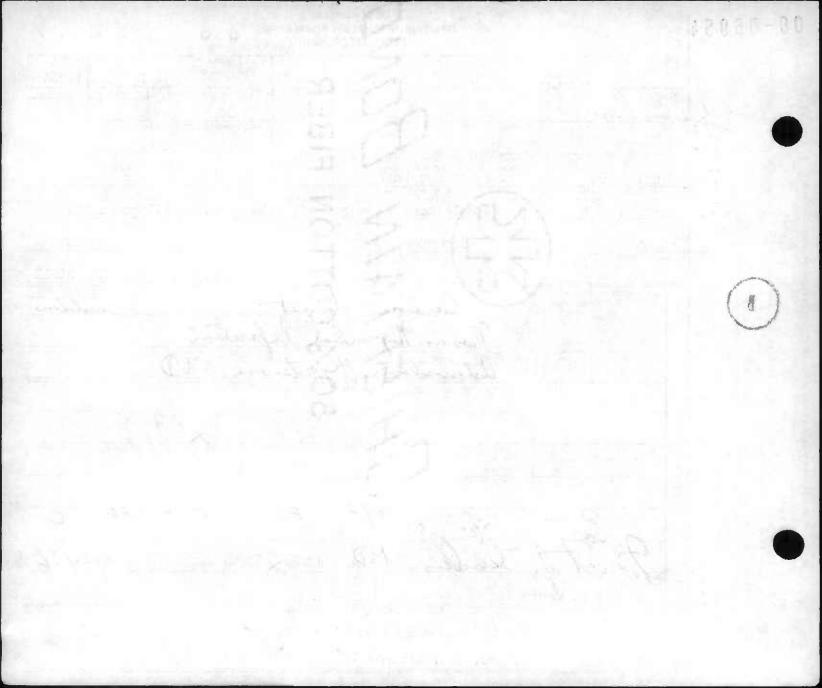
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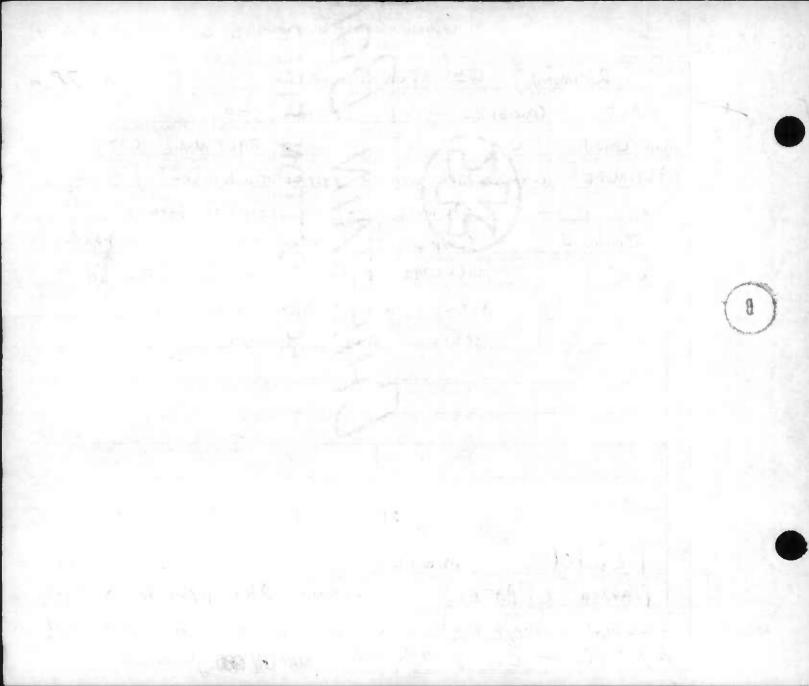
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rnoy be		ALETH	IA R.	FU	CHS		5 16 86	1:55A M
E d .	3. SE	X	4 RACE	5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	IF UNDER 24 HRS
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by the fu	10 C	Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	, NURSING HOME		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Housewife		OF BUSINESS OR
filled in movid be	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULT AT 136 C	NTY 13c. CITY	NCE BEFORE ADMISSION) OR TOWN Limore	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2 300 Oaklee	NP CODE Village 21	.229
mpleriely Remine	114. F/	ATHER'S NAME FIRST Warren		ouffer	15. MOTHER'S MAIDENNA FIRST Teota	WE	MV	vers
70		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS		
one		YES NO OR UNKNOWN) (IF YES GI	IVE WAR OR DATES)	50-4065	Raymond H. F	uchs, Jr. Rt	. 1 Box 228	21012
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s the burio	MEDICAL	THE INJURY OCCURRED WHILE IN HOLIVER IN HOL	21e. PLACE OF INJUR LAT HOME, STREET, KACTOR		2H LOCATION	CIT OR TOWN	COUNTY	STATE
FUNERAL DIRECTOR. Al		22n.1 certify that (i) his bear you the deceased alive or	at view the body of the designer	10.86	no that in (10 (our) opinion DEGREE ATTENDING PHYSICIAN 121. ADDRESS	death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	In DATE	
		Herbert J. Ve	evickas		5404 East D	rive	,	
0 de 1 g 4 -	73a. I	BURIAL CHEMATION, REMOVAL (MCHY) Burial		The state of the s	emetery on crematory park Cemetery	234 LOCATION SOY GRIDWN	соми	arvland
I - 16 60M 7/84	24. F	UNERAL DIRECTOR	e es	(DD80A)	21229 25e. DA	EREC D. BY AEGISTENM 75		
(VRA 15, 4)	H	bbard Funeral I	Home, Inc. 41	107 Wilke	ns Ave.	man for the sound		



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DEPARTMEN	T O	F	HE	AL	TH	AND	N

00-	06050	1	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL	HYGIENE 8	6 REG. NO.	130	28
ov be		(TYP		Raymond	W.m. Wm		Funkhouse		FDEATH MONTH	DAY YEAR	7P M
5 T NO.	Total Land	3. SE	MALE	(ayca	lian	5. DATE C		. 11	YEARS (AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
ot of other states of the stat	nerol dir		IRTHPLACE (STATE OR FOREIGN COUNTRY)		F WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	- RA.	ORE CITY OR COUN		MD.
01 S ofter d	by the further within		ALTIMORE		JCH FACILITY, GIVE STREET	IG HOME C	OR OTHER INSTITUTION	120 USUAL (TYPE OF WO	OCCUPATION EX FOR MOST OF WORKING	G LIFE) INDUSTRY	OF BUSINESS OR
ND 212	filled in bould be filled in bou	USU 13a.	AL RESIDENCE (IF NURSING HO			ADMISSION)	13d. INSIDE CITY LIMIT YES MO		ADDRESS / ZIP CO	ODE	2/2//
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IMORE,	Pages Pages medical:		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YE	ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	17 INFORMANT Esther	Wilson	ADDRESS	Alph Ave	
T. BALL	mage many the		18 CAUSE OF DEATH (Entrement) PART I. DEATH WAS CA	er only ane cause pe USED BY: DIATE CAUSE (0)	ANTERIO	dicil L M	YOCAR DI	72 111	ARCTION	BETWEEN	IMATÉ INTÉRVAL ONSET AND DÉATH
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AL REC	t hos be it permit	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES T	OPSY? 20b. IF IN CER	YES, WERE FINDIN RTIFYING CAUSES YES []	OF DEATH?
OF VIT	g physic artificati rital frant metal Hyg frem 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OC	CURRED (ENTER NA	NTURE OF INJURY IN ITEM I	IB PART I OR PART 2)	
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9 50 3	y the horder DIRECTOR DIRECTOR DIRECTOR DIRECTOR OF THE THEORY		226. SIGNATURE PURPLE	y l		,ch.	ATTENDIN PHYSICIA	G MEDICAL N DIRECTOR	STAFF PHYSICIAN	22c. DATE	SIGNED
HOSPI C	To Funds hould be a second to Funds hould be a second to the Su		PRAKAS H -	- AA	TEL		22e ADDRESS WYMH	V PARK	HEALT	H STS	TOM
2	BP		BURIAL, CREMATION, REMO SPECIFY) REMATION	1.	1000		EMETERY OR CREMATO	RY 23d. LOCA	ATION ORTOWN 4 Himoir	MArg	land.
DH	MH - 16 60M 7/B4 (VRA 15, 4)	24 FI	JNERAL DIRECTOR School	et oc	wings of	ills,	ud. 25a	DATE REC'D. BY R	EGISTRAR 256. REG		URE July

Julia Davidson- Pandalle



FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 8 6	1 3 6 2 9
EASED NAME FIRST OR PRINTING MARGARE	MIDDLE F	USS	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 3 AM
F	RACE S. DATE MONTH	8 1899	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
MD.	U.S.H. WIDOW	ED DIVORCED DIVORCED	9 BALTIMORE CITY OF	TIMOLE CITY MD.
BAITO.	1. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	NUYSING HOM	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WIFE INDUSTRY
TATEM D 136 COUNTY	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Y 13; CITY OR TOWN BATTO	13d INSIDE CITY LIMITS?		ZIP CODE 21213 STEFFIELD AVE-
THER'S NAME VIVIAN F	reverion KANZler	SADIE	MIDDLE	MCETNER
AS DECEASED EVER IN U.S. ARMI ES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166. SOCIAL SECURITY NO. 214-74-149	Ms. Naomi	1707 ADDRE Wilson	Towson, Md.
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	1 5 -1. 10 11	you anded	anforter.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MACLELLE
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	Inter Guelo	vasela D	years
PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN PART 11a
19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	DN WAS PERFORMED	YES NO	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
? to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 OR PART 2)
21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		

190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINING CAUS	
			YES NO	YES	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2	2)
21d, INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
22a.1 certify that (1) (this hospital)	ottended the deceased from	N 1, 19 8	5, to MAY	10 1956	, that (I) (we)

sow the deceased alive on bove (1) (we) (did) (did not) view the body after death ___, and that in (my (aur) apinian death occurred on the date and haur and from the causes stated 22c DATE SIGNED DEGREE 22b. SIGNATURE

5-10-86

22e ADDRESS

ATTENDING

PHYSICIAN

WELZANT

WALTER

230 BURIAL, CREMATION, REMOVAL 23b. DATE Removal

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

DIRECTOR PHYSICIAN

STATE COUNTY

24. FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

FOR - STATE

USUAL RESIDENCE

14 FATHER'S NAME

(YES. NO OR UNKNOWN) NO

3. SEX

REGISTRAR 1 DECEASED NAME (TYPE OR PRIN

TO BIRTHPLACE (STATE OF FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORC

Anatomy Board

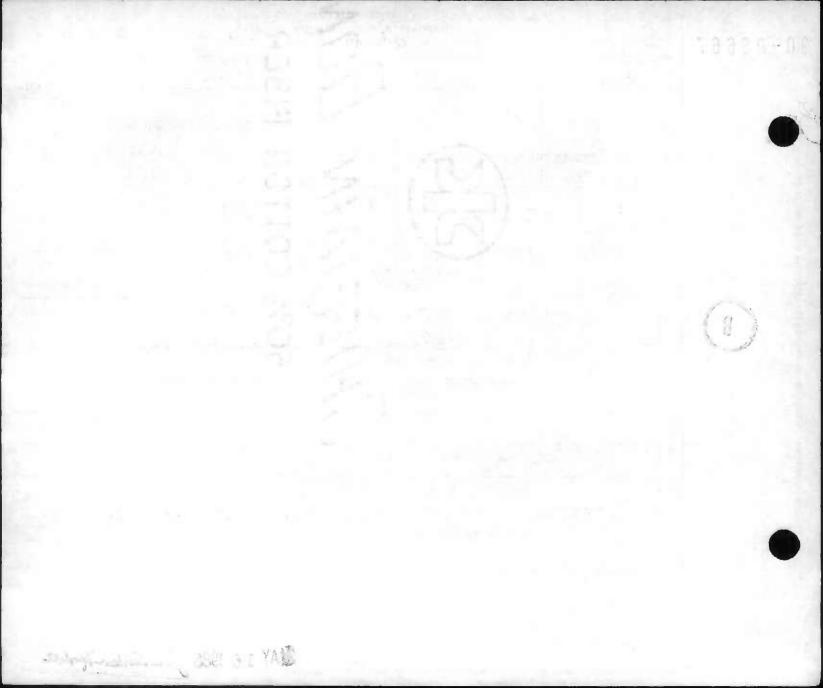
Balto., Md.

25 DATE REC'D. BY REGISTRAN 256 REGISTRAN'S SIGNATURE

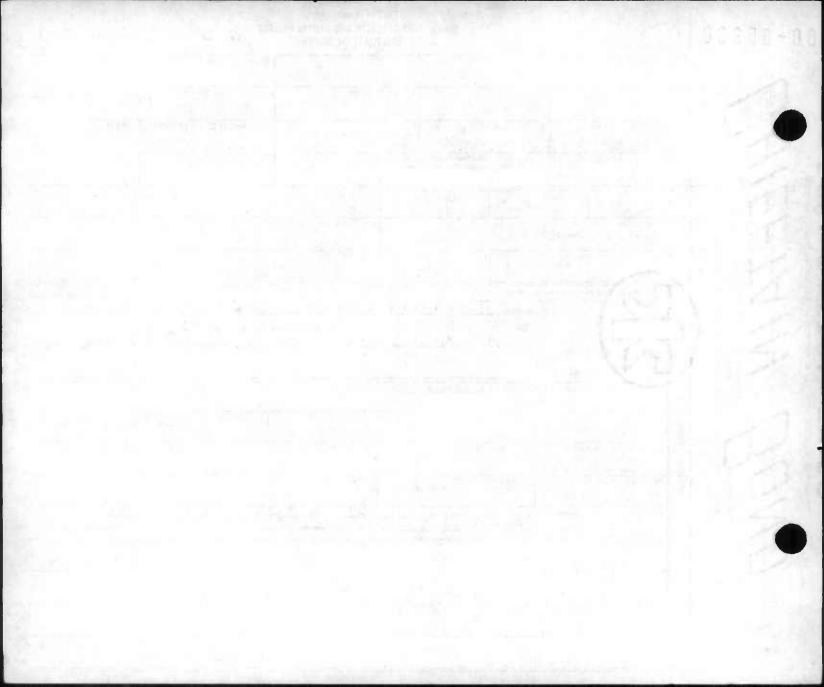
MEDICAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

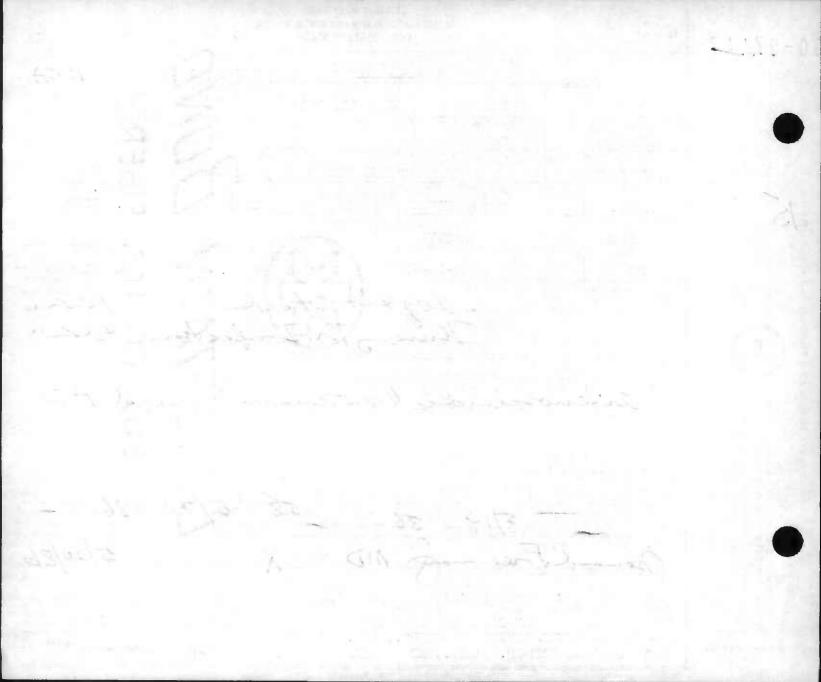
BP.



0-05368	1 -	FOR STATE REGISTRAR		DEP AR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8	6 REG. NO.	136	3 1
ay be ooge 3 death	I. DE		VESTER	MIDDLE F.	-	INES	20. DATE OF D	EATH MONTH	27 86	26 HOUR 4A M
ge 4 may ector. pag	SE	MALE	4 RACE	ACK	5 DATE C	F BIRTH DAY 11 1918	6 AGE (IN YEAR	RS LAST BIRTHDAY) YRS.		IF UNDER 24 HRS. HOURS MIN.
funeral direction of a dearth	(RTHPLACE (STATE OR FOREK COUNTRY) DUTH CAROL IN	A U. S	· A.	WIDOWE		BALTIN	CITY OR COUNT		MD.
O O the	E	TY OR TOWN OF DEATH	1921	WEST LAN'	VALE S	REET	LABORER	OR MOST OF WORKING	NATIONA	BUSINESS OR AL GYPSUM
n 24 haur filled in hand ber	13a S	ARYLAND	COUNTY	136 CITY OR TO BALTIMO	WN	13d. INSIDE CITY LIMITS? YES X NO [51. BA	DRESS / ZIP COI	2115 N. MARYLAND	LONGWOOD 21216
ometerely ongeterely ongeterely ongeterely		FRED	WIDDLE	GAINE		15. MOTHER'S MAIDEN NO.		WIDDLE	ALLEN	
be execu an and c	16a V	VAS DECEASED EVER IN L (ES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	217-09-		17 INFORMANT Mrs. Frances	Gaines	ZIIS N. Baltimo	Longwood re, Mary]	land 2121
th certificate b nating physicial corban papers. , or remaval.		18 CAUSE OF DEATH (E PART I. DEATH WAS O IMA	AEDIATE CAUSE (a)_	Term OR AS A CONSEO	INAX	cancer	nof	PROSTO	FROM	ATE INTERVAL USET AND DEATH
is that the death co		Canditions, if any, wh gave rise to immedi- couse (a), stating underlying cause to	ate	OR AS A CONSEO		otic CARD	iovo ce	ular	Di Seens	2
been signe mit. Then pl	CERTIFICATION	PART 2 OTHER SIGNIFIC				NOT RELATED TO THE TER	200 AUTOP	5Y? 20b IF Y	ES, WERE FINDING	
IAN: The physicio phy		2)a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI	E OF DEATH HOUR	OF INJURY A.M. MONTH	DAY YEAR	2)t. HOW INJURY OCCUI	-		YES D	ио 🗌
NG PHYSIC offending fifer this cer are busing the busing	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	E OF INJURY TREET, FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	, 5	CITY OR TOWN	COUNTY	STATE
ATTENDIP Spatial or CTOR: Al I for use of Health		220.1 certify that (1) (this saw the deceased a above, (1) (we) (did)	61/	2 0 10	86 . ar	d that in (my) (ear) apiniar	death accurred	on the date and he	our and from the co	31111
HOSPITAL OR ATT bined by the hospit FUNERAL DIRECTO build be detoched for th the State Dept. of PORTANT: If them 21		226. SIGNATURE RECEIVED 226. PHYSICIAN'S NAME	pupa	Huer	f ,	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	The DATE S	28/86
TO FUNE should be with the S	22. (KUANG	- YEN	Husi	9	Bon 2	Se Cou	vs)	tospix	al
BP		SURTAL, CREMATION, REM SPECIFY) Burial	5/1/:	1986 Mt	. Aubu	rn Cemetery 1250 DA	Balti	more.	COUNTY Mary SIRAR'S SIGNATU	STATE Land
DHMH - 16 60M 7/B4 (VRA 15, 4)	25	OTTERREW SONS Ol Gwynns Fa	o FUNERAL P 1115 PKwy.	Baltimor	e. Md.	1 A A	Y 1 19	86 Julian	Jan door-104	March Control



07117	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 1	3 6 3 2
0 1, 1, 1, 1, 1		CEASED NAME FIRST	MIDDLE	CALLAND	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
poge 3	(1172	ELSIE		GALLANT GALANT	MAY 20, 1986	1:45Am
4 mor	3. SE	(4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
recto		FEMALE	WHITE	JUNE 22, 1910	75 _{YRS}	Y OF PEATU
7. 22 hod		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
deo de		IARYLAND TY OR TOWN OF DEATH	USA	WIDOWED DIVORCED DIVORCED	BALTIMORE CIT	I MD. 17b. KIND OF BUSINESS OR
by the fur	E	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET A	NURSING HOME	(TYPE OF WORK FOR MOST OF WORKING LE HOUSEWIFE	AT HOME
filled in could be must be	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUL	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13t. CITY OR TOWN BALTIMOF	KE AEZYZY NO □	136 STREET ADDRESS / ZIP COD 2905 FALLSTAFF	APT. 11 RD. 21209
vithir 12 sh	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
omple and		ISAAC	WALSKY	FANNI		BLOCK
n and comp		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES) 16b SOCIAL SECUL 549-36-5	7 informant MIL 2905 FALLST	TON GALLÂÑT ^{RESS} AP AFF RD. BALTO.	
been signed. The affice and physical been signed with a first and	CERTIFICATION	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	plie 3he NCE OF Tr. I	20a AUTOPSY? 20b. IF YE	VEN IN PART 110A SES, WERE FIND INGS USED IFYING CAUSES OF DEATH?
SICIAN: The long physician. certificate has rial-transit per ental Hygiene. Item 18 shows	-	Z]0. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR		ES NO
G PHYS otherdir ter this of the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM ETC) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
attendin spital or spital or spital or state of spital or spital		22a.1 certify that (1) (this hope saw the deceased alive or above, (1) from this (did no	attended the deceased from 19 19 view the body of er death.		death occurred in the date and ho	
TO HOSPITAL OR Jetoined by the ho TO FUNERAL DIRE should be detached with the Stere Dept MAPORTANT: If then		228, SIGNATURE 228, PHYSICIAN'S NAME (TYPE O NORMAN R.	FREEMAN, M.D.	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	5/20/86
PP		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY ETH TFILOH	23d LOCATION BALTIMORE	COUNTMARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)			DL LEVINSON & BROWN RD. BALTO, M	OS., INC. D 21215	TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0 0
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that a death an illuste be executed within 24 hours ofter death. Page 4 may be executed by the haspital or attending physician.	-08
TO FUNERAL DIRECTOR: After this certificate has been signed by entending priscion and completely filled in by the funeral director, page 3 should be detached for use as the businal-transit permit. Then pleas with the State Dept of Health and Mental Hygiene prior to businal, cremating. a minimal.	3 2 2
IMPORTANT: If them 21 is marked or Item 18 shows ony injury, ar other traumatic event, the medical examiner must be larged or large.	22

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	6	1	3	6	3	3
	REG. NO.					

-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
			0 0	11-11 00 1006	M
3	SERPHILLIP	4 RACE A.	S. DATE OF BIRTH	6. AGE THATEARS IXST BIRTHOLY	IF UNDER TYEAR IF UNDER 24 HRS
7L	male	white	07/09/99 YEAR	86 YRS.	MONTHS DAYS HOURS MIN.
2	e. BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8	9. BALTIMORE CITY OR COUNTY	OF DEATH
)	Maruland	USA	MARRIED NEVER MARRIED	Baltimore	ity MD.
1	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
	Baltimore City	11 SUCH FACILITY, GIVE STREI 5458 Freder	ick Avenue	Police sgt.	industry gov't
	USUAL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)	LA CAREET ARRESTS / ZIR CORE	21777
2		altimore Balti	more YEYES NO [13e STREET ADDRESS / ZIP CODE 5458 Frederick	Avenue
1	1. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		
)	William A. Gand		Blanche,	A. Sillers	LAST
14	60. WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC		ADDRESS	
	(YES, NO OR UNKNOWN) (IF YES, GI	ve WAR OR DATES) 214-3	30-6603 Catherine	M. Ganley 5458 F.	rederick Avenue
	18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), c	and icia	1 -4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE		Resperatore	Usnost	minater
	IMMEDIA	TE CAUSE (a)	6	W F G G	- 1
		DUE TO, OR AS A CONSEQ	UENCE OF	1. 1.	2 days
	Canditions, if any, which gove rise to immediate	(p)	Memion	LLS	or que
	cause (p), stating the	DUE TO, OR AS A CONSEQ	UENCE OF		0
-	underlying cause last	(6)			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION AIV	EN IN PART 1/p
-1	20 Orlan	ne Chain Ser	demo (arci	norma of the Pr	ostale
7	4 190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		, WERE FINDINGS USED
4	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING			YES NO YE	YING CAUSES OF DEATH? S NO NO
		LICIUD A AA AACONITII	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
7	OR CONTRIBUTING CAUSE OF DE	AID	19		
	OR CONTRIBUTING CAUSE OF DE THE EITHER NOTHY MEDICAL EXAMINE 216 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
		LAT HOME STREET FACTORY OFFICE	E FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK		Jun 10 76	7/38	86
- [nital) attended the deceased from	G7 /1	10 3/0	19 O W that (I) (we) last
	spw the deceased plive probave, (1) (we) (did) (did no	pt) view the body alter death.	, a (d that in (my) (**) opinion	death accurred on the date and hou	and Iram the causes stated
-1	22b. SIGNATURE	10	DEGREE		22¢ DATE SIGNED
	1 Marine	nota	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/30/86
-1	22d PHYSICIAN'S NAME INTO	ON PROPERTY.	22e ADDRESS	_ DIRECTOR _ THISICIAN _	13/30/66
				uill Dood 21220	
_	Dr. James			Hill Road 21229	
2	230. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR JOWN	COUNTY STATE .
	burial	05/30/%	Loudon Park Cemet	tery Baltimore	City Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

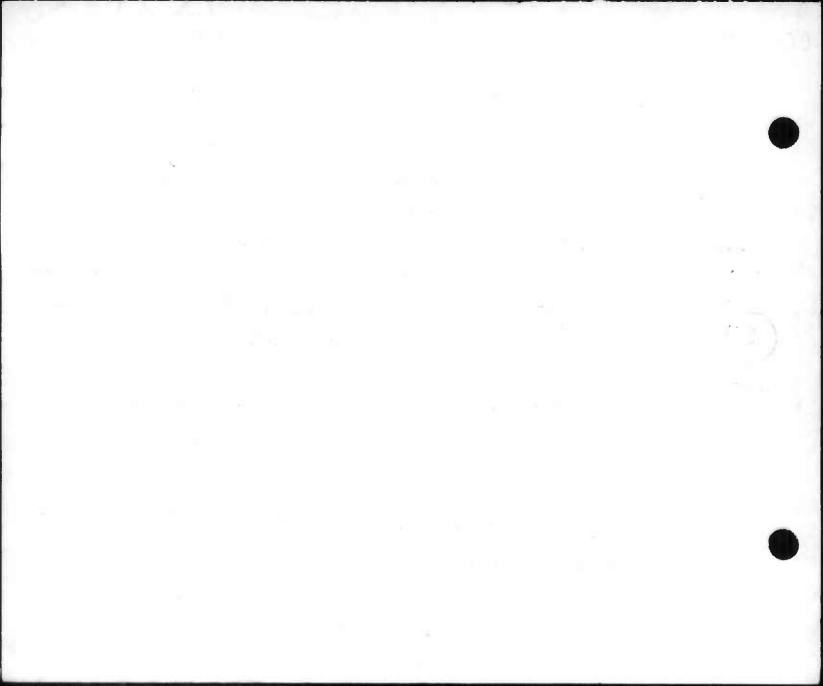
BP.

AMBROSE FUNERAL HOME

250. DATE REC'D. BY REGISTRAR 240. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

1328 SULPHUR SPRING ROAD

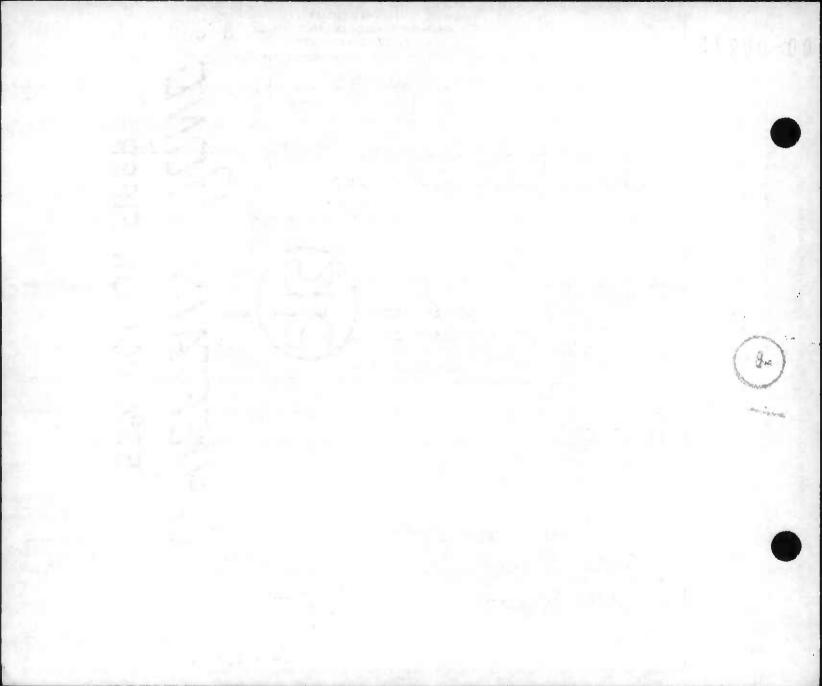


(VRA 15, 4)

00-0821

15	1 -	FOR STATE REGISTRAR		DEPAR		ICATE OF DEATH	REG. NO.	1 3	6 5 4
		CEASED NAME FIRST		MIDDLE	l	AST		ONTH DAY YE	AR 2b HOUR
	TIPPE	OR PRINT)	700D	М.	GAR	V	MAY 28. 19	986	2:40 a
10	3 SE		4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I	YEAR IF UNDER 24 HRS
7		MALE	В	LACK	MONTH 3	11 1928	58	YRS	DAYS HOURS MIN.
9		RTHPLACE (STATE OR FOREIGN	76. CITIZEN C	F WHAT COUNTRY	Y? 8	D X NEVER MARRIED	9 BALTIMORE CITY OR	1110	гн
5		ARYLAND	U.	5. A.	WIDOWE		Baltimore	o Citu	1M
Population		TY OR TOWN OF DEATH	11. NAME O		ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KI	ND OF BUSINESS OR
		Baltimore		and Gener		spital	Truck Drive	r Tru	icking Co.
st be		AL RESIDENCE (IF NURSING HOME) TATE 13b. CO	E OR OTHER INSTITUTIO		ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 7 Baltimore,	7IP CODE 2835	Parkwood
E	M	ARYLAND		Baltimo		YES X NO [Baltimore,	Maryland	21217
	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		
2		Jesse	MIDDLE	Gary		Freddie	Mae	Bea	asley
5		VAS DECEASED EVER IN U.S.	ARMED FORCES		CURITY NO.	17 INFORMANT	2835 Parkwoo	d Avenue	
	(res, no or unknown) (if yes	GIVE WAR OR DATES)	215-22-	-0625	Vietta Gary	Baltimore, M		21217
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse p	er line for (o), (b), c	and Ich			BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
			USED BY: DIATE CAUSE (a)_		c_arre	stst			
r, or other r		gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAN	DUE TO,	OR AS A CONSEO Anasta		leak	MINAL DISEASE OR CONDI	TION GIVEN IN PA	RI lia
Code only inhall	CERTIFICATION	190 DATE OF OPERATION May 22, 1986 May 15, 1986	19b. CON		CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED
9		OR CONTRIBUTING CAUSE OF	216. TIME	OF INJURY A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PA	RT 2)
medor II	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLAC	P.M. CE OF INJURY STREET FACTORY OFFICE	E FARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	4 COUN	TY STATE
23 15 190		220.1 certify that (IX(this his sow the deceased alive above, (IX) we) (did) (did)				13, 19 86 and that in (X y) (our) opinion			
		226 SIGNATURE	Front	10			MEDICAL STAFF DIRECTOR PHYSICIA		728/86
MPORTAN T		Muchael C	SVOSS A	10		c/o Maryla	nd General Ho	ospital	
		Burial, CREMATION, REMOV				EMETERY OR CREMATORY ill Cemetery	23d. LOCATION CITY OR TOWN	Baltimore	, Maryland
7/84	24	UPTER & SONS					E REC'D BY REGISTRAR 25		
7704		OI GWYNNS FAL				21216	me Z 1982	1	

STATE OF MARYLAND



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Alegelova min	3700 Creoner	1	Baltimore			
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PA PAIN	onesa muai.i	ASSITIAN S	10 - 15 - 1 0 1	from 1989 and total and and one or	G/1	
Syan Jan 1			9-10-205			
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9.04					237 + 42	
S. L. Phi	3.3		10/A	401		
	9. 1					
	MATER BULLEY					
	no carontal d					
		8	WALDOBD, DE	Laws.	ATTICL COUNT	

00-0637

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR								REG. NO	D.			
	CEASED NAME	FIRST	- /	MIDDLE		LAST		2a DATE	OF DEATH	HINOM	DAY YEAR	26 HOU	R
		ETHEL		F. (GATEW	OOD		MAY 3	2, 19	36		5:00) a _M
3 SE	X		. RACE		5 DATE			6 AGE IN	YEARS LAST BIR		IF UNDER 1 YEAR		E-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C
	Female		Whit		MONT		1886	9	-	YRS	MONTHS DAYS	HOURS	MIN,
	IRTHPLACE STATE C	THPLACE STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED			AARRIED T	9 BALTIM	ORE CITY O	R COUNTY	OF DEATH				
0	Virginia	a		USA	WIDOWI		VORCED	B:	altimo	re Cit	tu		MD
10°C	ITY OR TOWN OF D	EATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INS		120 USUA	L OCCUPATION FOR MOST O	ON F WORKING LIF	126. KIND	OF BUSINE	SSOR
	Baltimore AL RESIDENCE (IF NO		Maryla	nd GEnera	al Ho	spital	21201	H	ousewi	te			
13a.	Maryland	13b COUN		13c. CITY OR TOWN Baltimon	N	13d INSIDE C	NO [Fair			21214	
14. F/	ATHER'S NAME					15. MOTHER	MAIDEN NAM	ME					
	Charles		IDDLE	Fris			rances		MIDDLE		(unkr	nown)	
	WAS DECEASED EVE YES NO OR UNKNOWN)		WAR OR DATES	166 SOCIAL SECU	RITY NO.	17. INFORMA	NT		ADDRE	.55			
	No	18 763 0176		214-20-8	8122	Shilda	Gill 3	3436 1	Roland	Aven	ue 212	211	
	18 CALISE OF DEA	ATH (Enter only	one couse ner	line for (o), (b), one	die:						APPRO	XIMATE INTER	VAL
	PART I. DEATH	WAS CAUSED	BY: CAUSE (o)	Hemorrha		Pneumon	ia hil	lators	7		BELVEEN	FONSE! AND	DEATH
	Conditions, if or gove rise to it couse (a), sta underlying cau	mmediote ting the		Myocard:	K K K K X			_	ums				
			ONDITIONS CO	Arterio-					SE OR CONI	DITION GIV	EN IN PART 1	(0	
O N	- N												
CAT	19a. DATE OF OPER	PATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AU	TOPSY?		S, WERE FIND		
Ē								YES XX	NOU		YING CAUSE	NO T	
AL CERTIFICATION	21a. ACCIDENT WAS U	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	RED (ENTER	NATURE OF INJUR	PY IN ITEM 18 F	PART OR PART ?)		
MEDICAL	21d. INJURY OCCU		21e. PLACE			211 LOCATIO	DN		CITY OR TO	WN	COUNTY	5	STATE
	22a.1 certify that	(this hospite	of) attended the	e deceased from		1 27, and that in (n)	_, 19 <u>_86</u> (our) opinion c	to death occur		2, ote and hou	19 <u>86</u> ir and from the	that XXv	we) last
	226. SIGNATUR	L	lest	t w	9.		TTENDING PHYSICIAN []	MEDICA	L STAF	F IAN [ESIGNED	36
	22d. PHYSICIAN'S	NAME TOPE OR	PRINT)	1		22e. ADDRES							
	Robert	T. Li	berto,	M.D.		c/o	Maryla.	nd Ge	neral	Hospi	tal		
	BURIAL, CREMATION		23b. DATE		IAME OF C	EMETERY OR	REMATORY	23d LO	ATION				
	SPECIFY) Buri	al	5/15/8	86 Ta	orrai	no Park	Cem		ty or town	ore	COUNTY	Mars	IATE trlan

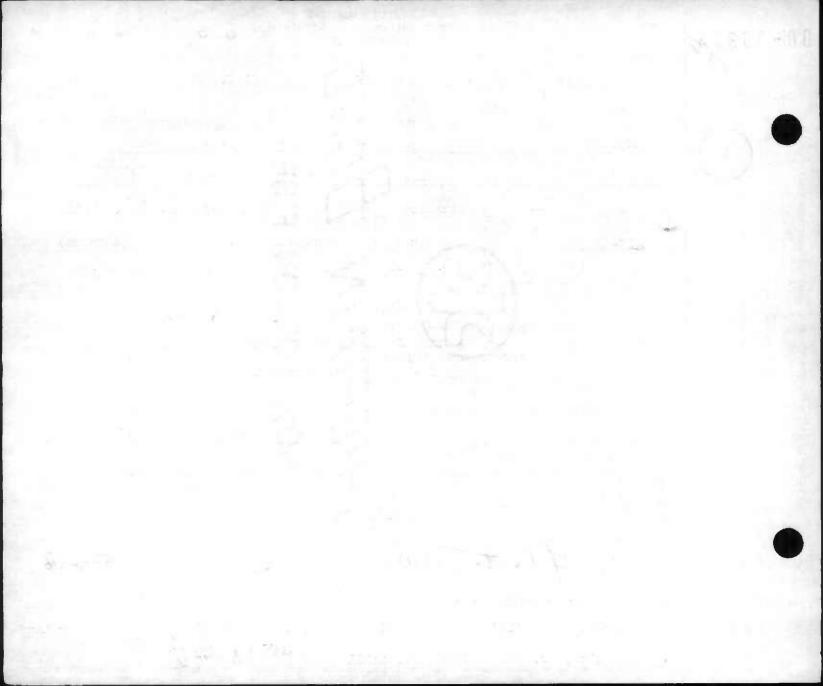
DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: Afte

TO HOSPITAL

(VRA 15, 4)

24 FUNERAL DIRECTOR A. Alan Seitz, Jr. 3818 Roland Ave. 21211 250 DATE SECT. BY RIGHT REGISTRAF ASIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0
20	0
NG PHYSICIAN: The law requires that the day control be executed within 24 hours offer beath. Page 4 may be	que
attending physician.	0
ther this certificate has been signed by the oternal mental ion and completely filled in by the funeral director, page 3	7
as the buriol-transit permit. Then please remost stitled part its. Pages, Tagd 2 should be filled within 72 hours after death. The hand Mental Hygiene prior to burial, crematism, are many in and Mental Hygiene prior to burial, crematism, are many in	3
arked or Item 18 shows any injury. ar other traumatic event, the medical examiner make the not hied a contract	2

FOR - STATE

REGISTRAR

6

r use as the buriol-transit permit. Then pleas Health and Mental Hygiene prior ta burial, this certificate has

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE (A)

DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	IENE 8	6	-	3	0	3	1
	20 DATE O	REG. NO.	HTMC	DAY	YEAR	26 HOU	IR.
GAYLEARD	MAY	20, 19	86				
5 DATE OF BIRTH	A AGE UN	FARS LAST BIRTHE	(YAC	IF UNDE	RIYEAR	IF UNDER	24 HR

I. DECEASED NAME FIRST MIDDLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR						
JOSEPH GAYLEARD	MAY 20, 1986						
3 SEX 4 RACE 5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS						
MALE WHITE 12 22 17	69 YRS.						
To BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
Maryland USA Married ☐ NEVER MARRIED ☐ NEVER MARRIED ☐ DIVORCED ☐	BALTIMORE CITY M						
(I. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12a USUAL OCCUPATION 12b KIND OF BUSINESS OF						
BALTIMORE / ST. AGNES HOSPITAL C.P.E.R.	Truck Driver Interstate						
Q20 AT KEZIDENCE (IL MORZING HO AS OR OTHER INZLITATION' CIVE REZIDENCE RESOUR VOWIZZION)	Lis CYDEET ADDRESS / THE CODE						
MARYLAND BALTIMORE HALETHORPE 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 1925 LINCOLIN DRIVE 21227						
LEADER'S NAME 15 MOTHER'S MAIDEN NA							
FIRST MIDDLE LAST FIRST	MIDDLE LAST						
Joseph C. Gayleard Margare							
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS						
	owe 1925 Lincoln Ave. 21227						
18 CAUSE OF DEATH (Enter only one couse per life to (b), (b), and PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DUE TO, OR AS A CONSCOUENCE OF	X						
Conditions, if ony, which gove rise to immediate							
couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost							
PARTY OTHER SOUTH IN A HIT CONDITIONS ON TRIBUTION TO DEATH OUT IN DEATH OF THE TARK	A INTA PROJECT ACE OR CONTRICTOR CIVEN IN PART 1						
	MINISPASE OR CONDITION GIVEN IN PART 11a						
190 DATE OF OPERATION 110 CONDITION FOR WHILE PERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 110 TIME OF INJURY OCCUR	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
	YES NO YES NO						
HOUR AM, MONTH TEAR I	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER!							

21d INJURY OCCURRED

NOT WHILE AT WORK

TIE PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE FARM STC. I

211 LOCATION CITY OR TOWN STREET

36 nd that in (my) (our) apinion death accurred on the date and have and from the causes stated

220 | certify that | (this haspital) attended the deceased from abeve, (1) (w e) (did) (dig not: view the body ofter death. 226 SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME 22e ADDRESS

5/23/86

6411 FREDERICK ROAD

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

23c NAME OF CEMETERY OR CREMATORY Glen Haven

23d LOCATION Glen Burnie

COUNTY STATE Md.

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR AMBROSE FUNERAL HOME

Burial

250. DATE REC'D. 1328 SULPHUR SPRING ROAD

DEGREE

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

(VRA 15, 4)

TO FUNERAL DIRECTOR: etoined by the hospital

should be detached with the State Dept

IMPORTANT: If He



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6	3	3	0	63	(
REG NO					

1	FOR STATE REGISTRAR			EALTH AND MENTAL I	HYGIENE 8 6	13038
	ECEASED NAME FIRST	MIDDLE	L	AST	2a DATE OF DEATH MON	NTH DAY YEAR 26. HOUR
(TYP	HENRIE	ATT	GEI	GER	5	5 22 86 4:40 1
3. SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDA	
	Female	Caucasia	n month	DAY YEAR	05 (01	YRS DAYS HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	-/	9 BALTIMORE CITY OR C	
	COUNTRY)	0.2	MARRIE	D C THE TEN THANKIED	Baito. C	itu m
	Mary Land	NAME OF HOSE	WIDOWE PITAL, NURSING HOME O		120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
1	SALTO . City	ME COM	Haspital	or office in officer	HOME MAKE	PRKING LIFE) INDUSTRY
13a.	STATE 136 COUR	NTY 134.	RESIDENCE BEFORE ADMISSION) CITY OR TOWN BOLLO.	YES NOTE CITY LIMITS	130 STREET ADDRESS / ZII	5 70
14. F	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN	NAME	LAST
1	ROSS		Heard	Δ .	to Herrieta	Rappold
	WAS DECEASED EVER IN U.S. AF		SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	119185253	James Ge	eiger 5 Avery	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line to	for (a), (b), and (c).)	III SON C	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (o)	Sprills	-Ilices J	grarane	
	1100	DUE TO, OR AS	A CONSEQUENCE OF	7	,	
	Conditions, if ony, which	(b)				
	gave rise to immediate cause (a), stating the)	A CONSEQUENCE OF			
	underlying couse lost.		A CONSEQUENCE OF			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	IBLITING TO DEATH BUT	NOT PELATED TO THE T	ERMINAL DISEASE OR CONDITH	ON GIVEN IN PART 1:0
Z	Chronic o	ports t: 10	1	disease	ENVITAL DISEASE ON CONDIT	ON ONEIGHT ANT THE
CERTIFICATION	190, DATE OF OPERATION	19h CONDITION	FOR WHICH OPERATIO		20a AUTOPSY? 20	IF YES, WERE FINDINGS USED
F	The State of Great trial	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TO TEM OWNED		CERTIFYING CAUSES OF DEATH?
E	AL	2 24 545 05 111	111814	Tot verice things	YES NO	YES NO
	21a. ACCIDENT WAS UNDERLYING CAUSE OF DE	410010 4 44	MONTH DAY YEAR	ZIE. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P. M.	19			
9	21d. INJURY OCCURRED	21e PLACE OF IN	ACTORY OFFICE FARM ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
>	WHILE NOT WHILE AT WORK	, and and and and	h h		c M as	
	22a.1 certify that (I) (this hasp	ital) attended the dec	ceased from BOCI	19	5 10 May L	, 19 that (I) (we) lost
	sow the deceased alive or	May 22	19 8 01	nd that in (my) (our) opin	ion death accurred on the date of	and hour and from the causes stated
	obove, (I) (we) (did) (did no	of view melbody offer		DEGREE		22c, DAJE SIGNED
	Medar	Such		ATTENDING PHYSICIAN		1 5/22/51
	224 PHYSICIAN'S NAME (TYPE		.0	22e ADDRESS	CRCY HOSPITAL	A TOTAL V
	MICHAEL	U 54	LVA	301 ST PA	IL PLAKE BAI	TIMERE MD
23a	BURIAL, CREMATION, REMOVAL		4	EMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
	Burial	5/24/	86 Holly	Hill Cemet		River Balto. Md.
24 F	UNERAL DIRECTOR	•		25a		REGISTRAP'S FIGNATION OF THE
	officity Fun	ral HOm	ADDRESS MACE	Ave.	MAT 41 1800	A CONTRACTOR OF THE PROPERTY O

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the

DHMH - 16 60M 7/B4 (VRA 15, 4)

and the second of the second o

George J. Gonce. 4001 Ritchie Hg. Baltimore, Md

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



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(VRA 15, 4)

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Turin: As 23 lyon in them formus velutes. Owings II.as saryies,

requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND FOR

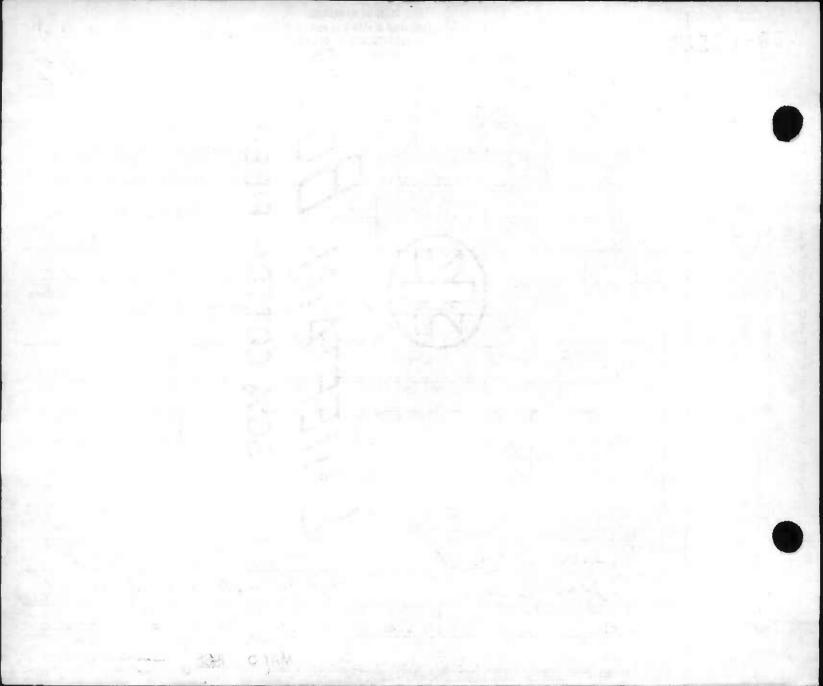
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.					

54	16	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.		
	1 DEC	EASED N'	FIRST,		'4IDDLE	(AST	2a	DATE OF DEATH	MONTH I	DAY YEAR	2b. HOUR
	(ITPE	OR PRINT	FRANK		V.	GER	MERSHAUSEN	ì	C	2	86	7
	3. SE)			4. RACE		5. DATE O		6 A	GE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 H
		MALE		WH:	ITE	7	2 01		84	YRS	DATE	1.001.5
的 [RTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MARRIED	9 B	ALTIMORE CITY C	R COUNTY	OF DEATH	
6		aryland		U.S	.A	WIDOW			Baltimor			
3	10. CI	TY OR TOWN OF DE	ATH		HOSPITAL, NUF		OR OTHER INSTITUTION		USUAL OCCUPAT			OF BUSINESS
Log Y		Baltimore			Secours		al	Αι	uto Mecha	nic	Balto	. Tran
pe		AL RESIDENCE (IF NUR TATE	136 COUN		130 CITY OR T		13d. INSIDE CITY LIMITS	S? 13e.	STREET ADDRESS	/ ZIP CODE		
	Ma	aryland			Balti	more	YES NO		19 S. Gil	mor St	treet	21223
A	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE		LA	.51
The Land		Frank			ermersh		Emma				Li	st
TO .		AS DECEASED EVER		MED FORCES?	16b SOCIALS	ECURITY NO.	17. INFORMANT		ADDR	ēSS		
a me	L '	YES	WW	I	215-0	5-9885	James R. P	ruit	t 737 Ov	erbro		21212
the state of		18 CAUSE OF DEA	H (Enter an	v ane cause per	line far (a), (b)	and (c).1	lottmetive				BETWEEN	ONSET AND DEA
ıjury, o	N N	PART 2. OTHER SIG	NIFICANT (ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE I	TERMINAL	. DISEASE OR CON	DITION GIV	EN IN PART 1	a ·
ows ony in	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED		On AUTOPSY?	IN CERTIF	S, WERE FINDI	NGS USED S OF DEATH?
em 18 sho		21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A		DAY YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 P	PART OR PART 2]	
rked or It	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY REET, FACTORY, OFF		216 LOCATION STREET		CITY OR TO)wn	COUNTY	STATE
am s		22a.1 certify that (1) (this haspi	tal) attended th	ne deceased fro	am	4/30 , 19_	16	ta		19 00	that (I) (we)
21		saw the decear	ed alive an	t) view the bady	after death.	9 16,0	nd that in (my) (aur) api	nian death	n accurred an the d	ate and hav	r and fram the	causes stated
ANT: If frem		17% SIGNATURE	ner	Eve	nz Mo		DEGREE ATTENDIN PHYSICIA	NG M	EDICAL STA		22c. DATE	SIGNED 16
IMPORTANT		22d PHYS PIAN'S N	AME (TYPE O	Eva	ens		1000		nator D	1/00,	Balto	, rol
<u><</u>	(Burial, CREMATION Burial		23b. DATE 5/5/8			Park Cemete	ery	Baltimore			arylanc
A 7/84	24 FL	JNERAL DIRECTOR			ADDRE	55	21229		C'D. BY REGISTRAR			
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DHMH - 16 60M 7. (VRA 15, 4)

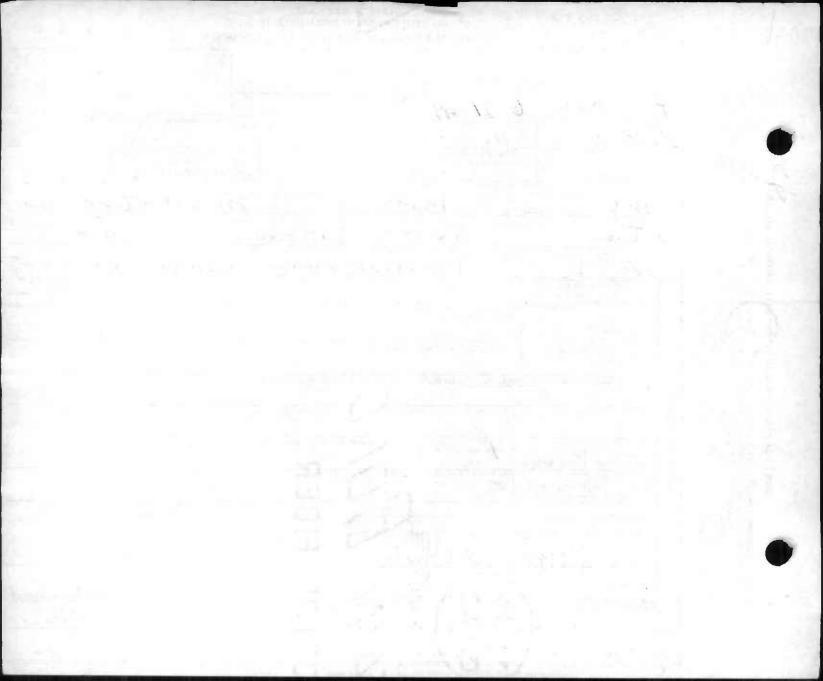
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-					D.E.D.A.			ARYLAND							J.,
-	1-	FOR STATE		A4				AND MENTAL		23 5-		3	0	44	69
		REGISTRAR	FIRST	m	MIDDLE			AST	OF DE		REG. NO.				
		CEASED NAME E OR PRINT)	EMSI							2a. DATE !	ESTI-	MONTH	DAY	YEAR	2b. HOUR
			Josep		C.			olin		DEATH	MATED [5/	19/19		N
	3. SEX	4.1	RACE	S. DATE OF BIRT		6. AGE (IN YE			DER 24 HR	S. 2c. DATE PRONOUN	CED	MONTH	DAY	YEAR	24 HOUR
##B	Ma		White	Feb. 12			RS.		7.5.5.	DEAD		5/	19/10		рм
4		RTHPLACE (STATE	OR	76. CITIZEN OF	WHAT CO	UNTRY?	8 MARRIE	D NEVER MA	RRIED [9. BALTIMO	ORE CITY OR	COUNT	Y OF DE	ATH	
1		ryland		U.S.A			WIDOWE		RCED [imore	Cits	J		MD
ı	10. CI	TY OR TOWN OF	DEATH	11. NAME OF HE	OSPITAL, I FACILITY, GI	NURSING HOME VE STREET ADDRESS)	E, OR OTHE	RINSTITUTION	12a. U	SUAL OCCUP	ATION (TYPE O	F WORK	12b. KIND OR II	OF BUS NDUSTR	SINESS
l		Baltim	ore	2824 F	Forre	stview	Ave.		T	ruck Dr	iver				
t	USUA 13a S	L RESIDENCE (IF II	NURSING HOME O	R OTHER INSTITUTION,	GIVE RESIDE	ITY OR TOWN	ION)	I 3d. INSIDE CITY LIMITS	7 13e.S	TREET ADDRES	SS				
1	M	aryland		AND DESCRIPTION OF THE PARTY OF		ltimore		YES NO		824 For		ew A	ve.	2121	4
1	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTHER'S MA	IDEN NA	ME	DDLE		LAS		
1		John			Gib			Anna				K	ersh		
Ī	16a. V	AS DECEASED E	VER IN U.S. ARA		16b. S	SOCIAL SECURIT	Y NO.	17. INFORMANT			ADDRESS				
l		Yes	WW		2:	20-12-46	71	Kathlee	n J.	Ireton	4304	Sla	ter.	Ave.	212
Ì		18 CAUSE OF D	EATH (Enter on)	y one cause per li	ine far (a),	(b), and (c).)							APPR	OXIMATE	INTERVAL AND DEATH
1		PARTIDEAT	H WAS CAUSED	BY: E C AUSE (a)			Fatty	y Liver					DETVICE	ONDET	
			WW.EDIAT		OR AS A C	ONSEQUENCE									
			if any, which	(h)											
1		cause (a) sta	iting the <u>under</u> -	< (~)—	OR AS A C	ONSEQUENCE (OF								
		lying cause l	ast.	(c)											
		PART 2 OTHER SIGNIF	ICANT CONDITIONS	ONTRIBUTING TO DEA	TH BUT NOT I	RELATED TO THE TERM	AINAL DISEASE I	OR CONDITION GIVEN IN	N PART 1 (a).						
I	ON	Carci	nomatos	sis											
1	CERTIFICATION	190. DATE OF OP	PERATION	196 CONI	DITION FO	OR WHICH OPER	RATION WA	S PERFORMED?					20 AU	TOPSY?	
ı	TIFIC												YES	s 🛚	NO 🗆
1	CER	210 EXTERNAL C			OF INJUR			W INJURY OCCU	RRED (ENT	ER NATURE OF INJU	IRY IN ITEM 18 PAI	RT 1 OR PAR	RT 2)		
ı		UNDERLYING CONTRIBUTING			.M. MON	TH DAY YEAR	`								
1	MEDICAL	214 INTURY OCC	LIRRED	21e. PLAC	E OF INJU	JRY (AT HOME,	21f. LOC	ATION REET							
	Z	WHILE AT WORK	T WORK	SIMEET, F	ACTORY, FAR	M, ETC.)	STI	ACE (CITY OR TOW	/N	COU	INTY		STATE
ĺ				(1)	1 9 1	1 1 11		, Inspec						1	
1				e of the remains o	Jescribed of	phove, held an	Autapsy		1	Inquiry		in my op	inion		
1		death resulted f	rom: Natur	al causes La	Accept	T/\ 50	icide	Homicide		determined ma	nner .				
		ACTUAL		-	X	1	5016	Assista	ant			DATE		5/20	/86
1		SIGNATURE		- /	1	//	7	nostate	M	EDICAL EXAM	INER	SIGNE	D	11201	, 00
1	reth.	EXAMINER'S NA		ware. D	Vario	fmon M	D .		111	Dann Ci					
1	23a Pi	(TYPE OR PRINT) JRIAL, CREMATIO		gory R.	The second section is a second	fman, M		DDRESS		Penn St					
	15	Burial		5-22-86	23	Garriac			€ 230.	LOCATION ITY OR TOWN	nga Ma	COUN	Man	STA	TE
1	24 FI	JNERAL DIRECTO		, 00		3021400			TE REC'D	BY REGISTRAF	ngs Mi	RAR'S SI	GNATH	ylan	itt
1				k, Inc.	ESS Ral	timore	Ма	1	MAY	23198	8 . 0	1.0015	2010-1	2.62	
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7-	1.	FOR Item 18+	220	STA DEPARTMENT OF		ARYLAND AND MENTAL H	YGIENE		e 4	-2
00-108261		STATE Z178	6CN ME	DICAL EXAMIN	ER'S C		r prestu O	G. NO.	0 %	S
		CEASED NAME FIRST		MIDDLE		LAST	2a. DATE KNOW OF ESTI-	N [] MONTH	DAY YEAR	26 HOUR
S NEGESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. E), WITHIN 72 HOURS W. PRESTON STREET,			MARSHA		GIBS		DEATH MATE	□ ¥ 5 – 24		M
SECTION STREET	3. SEX	1. RACE	5. DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD	ARS IF UN	DER 1 YR. IF UNDER	MIN. PRONOUNCED	MONTH	DAY YEAR	2d. HOUR
ARY, ODIR, TON	1	- Cut	10/21	1149 36 Y	RS.		DEAD		-86 19	7:41a
GESS OF A PRESS OF A P		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF V	VMAT COUNTRY?		ED NEVER MARRI			OF DEATH	
P. S. S. P. S.		TY OR TOWN OF DEATH	LI NAME OF HO	SPITAL, NURSING HOM	WIDOW		D U Baltimor		2b. KIND OF BU	MD.
V >==8=8/	1		(IF NOT IN SUCH I	ACILITY, GIVE STREET ADDRESS)			FOR MOST OF WORKING LIFE	11-0	OR INDUSTI	
A SERVICE AND A	USUA	altimore L RESIDENCE (IF IN NURSING HOME)	OR OTHER INSTITUTION, (Saratoga St	ON)			KEK	1ph-10	•3
AND 3 TO AND	13a S	md 136. COUN	ITY .	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	770 SA	RA TOG	- A 21	201
4 - F	14. FA	THER'S NAME	MIDDLE	2 2		15. MOTHER'S MAIDE		7	LAST	
DRE, M. DEATH. GES 1, M. PM. AND 2 OF VIT	10	Vanen	MIDDLE	Gelson	1	Work	- The second sec	WH	سحدا	
T., BALTIMORE, MD. 21301 URS AFTER DEATH. IF A NUMBER OF PAGES 1.2. AND 3 WITH FORM PM. 3. RETAIL TO PAGES 1 AND 2 SHOULD STOIVISION OF VITAL RECORD		VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT		17. INFORMANT	. ADD	RESS		H.
S AFI SINE SINE SPAGI VISIC		NO		214-28-	0700	6- Coare	annyl	- 181	824	DO
DURS 18. G WIT. P		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly ane cause per lin D BY:	e for (a), (b), and (c).)	1.0	ti.	0		SETWEEN ONSE	
A THE REST	9		TE CAUSE (a)	R AS A CONSEQUENCE	151	70			-	
THE PROPERTY OF THE PARTY OF TH		Canditians, if any, which		K AS A CONSEGUENCE	Or					
2 5 6 0 H 0		gave rise to immediate cause (a) stating the under		R AS A CONSEQUENCE	OF					
DO MENANTE ON O		lying cause last.	(c)		,					
ECORDS, 20) OBE EXECUTE RNDING": IN MEDICAL EX AS A BURIAL AS A B		PART 2 OTHER SIGNIFICANT CONDITIONS		N BUT NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION GIVEN IN PAI	T Lat.			
ECORDS D BE EXECTION FENDING** TAKENING** TA	NO.									
DOVISION OF VITAL RECORDS. S. CERTIFICATE SHOULD BE DECRETING THE WORD "FRODING". ROSED TO THE CHIEF MEDICAL. RES SHOULD BE USED AS A BUILD BE DOMESTING THE WORD TO THE THEOLOGY. RESPARATION OF HEALTH AND TO PRIOR TO BURILL CREWAITH.	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	RATION W	AS PERFORMED?			(HEAD C	NI Y)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		21g. EXTERNAL CAUSE WAS	21b. TIME C	OF INJURY	21c HC	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART	YES X	NO []
SHON OF VIT RITHCATE SHOWS TO THE CO SHOULD BE!		UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DAY YEA			,			
WISIO TING 3 SK 1 SEA	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,		CATION				
DIVIES NER: THIS CERT (CATE, WRITHE FORWARDED TOR: PAGE 3 SI THE STATE DEPA	X	WHILE NOT WHILE I	STREET, FA	CTORY, FARM, ETC.]	S	TREET	CITY OR TOWN	COUN	MTY	STATE
R: TH VTE, V ORW, E STA D, 21	1	22a I certify that I taak char	ge of the remains d	escrib (HEADh ONL	Y) Autap	X Inspection	Inquiry	and in my api	nian	
A STANTAN			ral causes	[]	icide	, Hamicide .	Undetermined manner			
DIRE WALL		Mlacia	- 1	A. 11/ 11		TITLE (SPECIFY)				
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	4	SIGNATURE VOO	vole 1	are will	M	D Assistan	L_MEDICAL EXAMINER	SIGNET	3-26-86	
MADE STORE		EXAMINER'S NAME)				111 Down Char	aat		
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE ST.	730 8	(TYPE OR PRINT)	Margarita 236. DATE	A. Korell,			111 Penn Stre		1	
BP / 70	(:	PECIFY)	5-30-8	6 New Ca	Than	tol (Pur	CITY OF TOWN / 4)	COUNT	Mi.	TATE
DHMH - 17	24 F	INERAL DIRECTOR	ADDRE			25a. DATE F	EC'D. BY REGISTRAR 256	REGISTRAR'S SK	GNATURE	
(VR A15 ME (5))	18	orly c (2	US AUDRE	22247	orch	and Il	N. 3 1086	varies	on Mande	
20M 4/82	-									



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEPTH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF GIBSON ROY DIRECTOR. OUR FILES. 72 HOURS DEATH MATED 4 RACE DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE FOR YOUN LAST BIRTHDAY PRONOUNCED DEAD 45 41 MARRIED X NEVER MARRIED NORTH CAROLINA DIVORCED OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION IB CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TOWSON JOSEPH 13rd. INSIDE CITY LAWITS? 166 SOCIAL SECURITY NO 160 WAS DE 1 LIF YES GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause lost. OF HEALTH AND JRIAL, CREMATION PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES [DRWARDED TO THE CH R: PAGE 3 SHOULD BE U E STATE DEPARTMENT O BU 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK THE EXECUTE THE CERTIFICATE, N PAGE A SHOULD BE FORW. TO FUNERAL DIRECTOR; PA AFTER DEATH, WITH THE STI BALIMORE, MARYLAND, 2 Inspection 22a I certify that I took charge of the remains described above, held on Inquiry Autopsy and in my apinian Undetermined monner death resulted frame Accident omicide DATE SIGNED BP 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/82

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FOR

REGISTRAR DECEASED NAME

(YES, NO OR UNKNOWN)

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- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

REG. NO.		1920E 386 I
MAY 21, 1986	DAY YEAR	12:44
AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS

206. IF YES, WERE FINDINGS USED

COUNTY

STATE

Md.

RYRYY LT	PLIAN	Α.	GITT	DEKI		MAI	21,190	0		17.	331
SEX	4 RACE		5. DATE C	F BIRTH		6. AGE (IN YEA	RS LAST BIRTHDAY)		DER I YEAR	IF UNDER	
Female	Wh	ite	7 MONTH	10	08		77 yr	NONTH	15 DAYS	HOURS	MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIEI	NEVER	MARRIED -		E CITY OR COU		DEATH	V	
Maryland	U.S.A		WIDOWE		ONORCED []	Balt	cimore C	ity_			M[
Baltimore	(IF NOT IN SU	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A The Home Ho	ADDRESS)		STITUTION		CCUPATION OR MOST OF WORKING Stic Wor	NG LIFE) IT			
JSUAL RESIDENCE (IF MURSING HOME TO COL 30. STATE TO COL Maryland How		GIVE RESIDENCE BEFORE 136. CITY OR TOWN Ellicott	N		CITY LIMITS?		DDRESS / ZIP C Paul St		1043		
FATHER'S NAME FIRST Joseph	MIDDLE	Nise	er	200	YS MAIDEN NA Alma		WIDDLE		LAS	Ţ	
60 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	99. X - 3 - 1	ADDRESS	1,000	100		

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18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B'	one couse per line for (o), (b), and (c). Y: SEPTIC SHOCK CAUSE (o)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	SIGMOID	COLON				

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT

	PERFORATED SIGMOID					
a. ACCIDENT WAS UNDERLYING A R CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 10	(ENTER N.				

210-20-2000

IN CERTIFYING CAUSES OF DEATH? NOX YES T NOF TURE OF INJURY IN ITEM 18 PART 1 OR PART 21

Dolman Cummona 0120 Main Ct

21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE

21 86 86 MAY that (II We)

sow the deceased glive on MAY 2 obove, (I) we) (dig) did not view the body of	19 <u>86</u> , and t	not in (my) journion death occurre	ed on the date and hour and from the causes stated
E SIGNATURE	DEC	GREE ATTENDING MEDICAL	STAFF 22c. DATE SIGNED
N C LOWE		ATTENDING MEDICAL	DIALL TA JOHO

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS CHURCH HOSPITAL CORPORATION 231

DIRECTOR PHYSICIAN

BIJPURI	A MD	100	N. BROAD	WAY,	BALTIMORE,	MD.21
N, REMOVAL 2	3b DATE	23c. NAME OF CEMETERY O	R CREMATORY	23d LOCATI	ON	

23a. BURIAL, CREMATIC (SPECIFY) 5/27/86 Burial St. Johns Cemetery 24 FUNERAL DIRECTOR

22a | certify that (1) (his haspita) attended the deceased from MA)

Ellicott City Howard 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

21229 Hubbard funeral Home, Inc. 4107 Wilkens Ave. MA

(VRA 15, 4)

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CERTIFICATION

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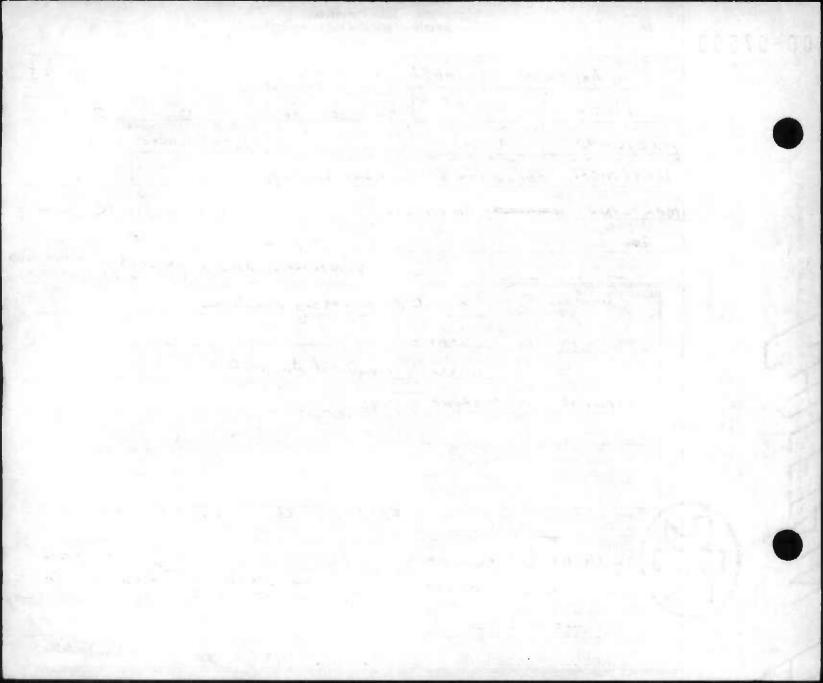
STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			REG. NO.	
	CEASED NAME FIRST OR PRINT) A ND RI	EW MIDDLE	GIL MOUR.	20. DATE OF DEATH MONTH	07 86 11 - 2
3. SE)			5. DATE OF BIRTH MONTH DAY D G S G S G	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS MI
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	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET AD NOTICE STREET AD NOTI	HOME OR OTHER INSTITUTION DRESS) HRYLFAND 4050 171	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS (INDUSTRY
13a S	ALRESIDENCE (IF NURS IN COUNTY) ARYLLE FINA D	THER INSTITUTION GIVE RESIDENCE BEFORE ALL ITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	/
) FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WIDDLE	GIL MOUR
	VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURI	TYNO. 17 INFORMANT SUDHARARA K	ADDRESS UNIS	ERSMY OF MARY
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ICATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUEN (c) Multiple	CE OF CONSIGNATION AS OF AS THE TERM 15 CASE 15 CASE	200 AUTOPSY? 20b. IF Y	GIVEN IN PART TIO (ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
L CERTIFICATION	gove rise to immediate couse (a), softing the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUEN (c) MULLIA SU CONDITIONS CONTRIBUTING TO DE FM EM BRANE 196. CONDITION FOR WHICH O	CE OF CHYCYCLIA FOR A OR ATH BUT NOT RELATED TO THE TERM IS CAS E PERATION WAS FERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? 200 IF Y	'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
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	WIN HELDER		death resulted	ram: Natur	ral causes X	Assadent	\square , (sy	cide	Hamic	ide .	Undeter	mined manner	<u> </u>			
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	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STER DEATH WARYLAND, 2	and !	EXAMINER'S N (TYPE OR PRIN'	AME	Dennis F.	SHIVE	11, M.T		ADDRESS_	7.7.7	reini	PITEEL				
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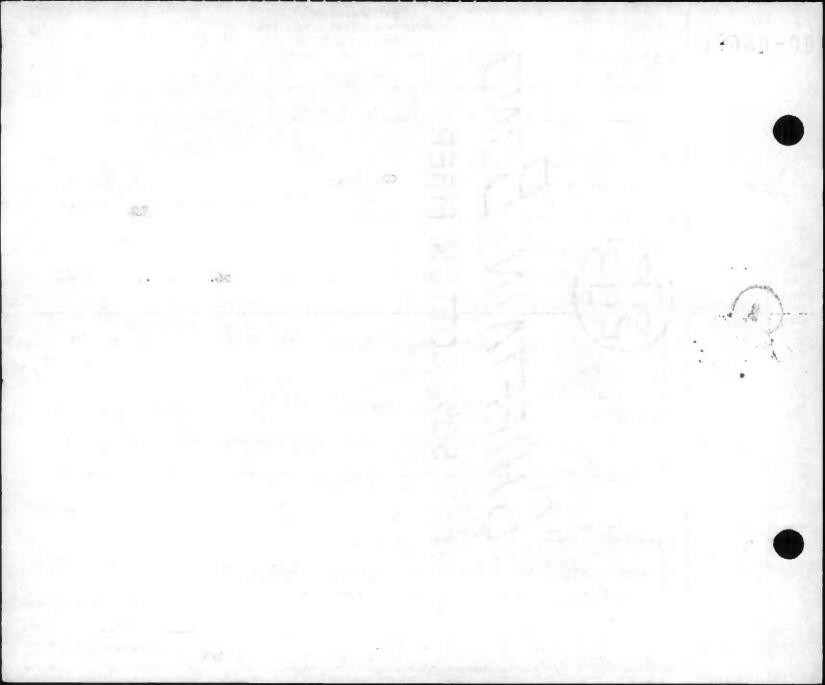
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	ING PHYSICIAN: The low requires that the department contract executed within 24 hour offer death. Page 4 may be not physician.	ther this certificate has been signed by the attending of the an and completely tilled in by the funeral director, page 3
	NG B	fler

FOR PERSONAME (TYPE OR PRINT) MANUE 3. SEX MALE FOR BITHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND 10. CITY OR TOWN OF DEATH BALTIMORE BISUAL RESIDENCE (IF NURSING HOME 130 STATE 13b. CO MARYLAND 14. FATHER'S NAME FIRST LOUIS	MIDDLE L 4 RACE WHITE 7b. CITIZEN OF WHAT COUNTRY USA 111. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 3710 KINGWO OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY BALTIMO	MARRIED NEVE WIDOWED ING HOME OR OTHER IN ET ADDRESS) OOD SRE ADMISSION WN 13d. INSIDE	F DEATH RG 1916 R MARRIED X 9 1 DIVORCED 12 (1)	REG. NO. DATE OF DEATH MONTH MAY 6, 1986 AGE (IN YEARS LAST BIRTHDAY) 69 YRS BALTIMORE CITY OR COUN BALTIMORE C. GUSUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING CLERK e STREET ADDRESS / ZIP CO	TTY OG LIFE) TO STRY N BUSINESS JEWELERS
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PO BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND 10 CITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (IF NURSING HOME 136 STATE 136. CO MARY LAND 14 FATHER'S NAME FIRST	USA 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 3710 KINGWO OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNTY BALTIMO	AUG. 25, RARRIED NEVE WIDOWED NET ADDRESS) NG HOME OR OTHER IN ET ADDRESS) NRE ADMISSION NR A	1916 R MARRIED	BALTIMORE CITY OR COUNTY OR COUNTY OR COUNTY OR COUNTY OF WORK FOR MOST OF WORKING CLERK	TTY OG LIFE) TO STRY N BUSINESS JEWELERS
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MARYLAND 10. CITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (IF NURSING HOME 130. STATE MARYLAND 14. FATHER'S NAME FIRST	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 3710 KINGWO OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY BALTIMO	WIDOWED THE ING HOME OR OTHER IN STADRESS) OOD SO SQ ORE ADMISSION 13d. INSIDE	DIVORCED 120	TO USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING CLERK	JEWELERS
BALTIMORE USUAL RESIDENCE (IF NURSING HOME 130 STATE MARYLAND 14 FATHER'S NAME FIRST	OR OTHER INSTITUTION GIVE RESIDENCE BETO BALTIMO	ING HOME OR OTHER IN ET ADDRESS) OOD ORE ADMISSION INS INSIDE	į (T	TO USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING CLERK	JEWELERS
USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b. CO MARY LAND 1 14 FATHER'S NAME FIRST	3710 KINGWO OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY 134. CITY OR TO BALTIMO	OOD . SQ DRE ADMISSION) WN 134. INSIDE		CLERK	JEWELERS
MARY LAND 13b. CO	UNITY BALTIMO	WN 134 INSIDE	CITY LIMITS? 113	street address / 719 CC	
MARY LAND —	BALTIMO				ODE
FIRST				3710 KINGWOOD	
LOUIS	MIDDLE LAST	15. MOTHE	R'S MAIDEN NAME	WIDDLE	LAST
	GINSBERG		SARAH		INSBERG
160 WAS DECEASED EVER IN U.S.		CURITY NO. 17 INFORM	MANT BERNA	ARD GINSBERG	
		-9821 40). MD 21215
18 CAUSE OF DEATH (Enter	anly ane cause per line for (a),	inglig i	1 -		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	SED BY: IATE CAUSE (a)	ale care	lege es	rent.	
			0 1 1/	,	.11.1
Canditians, if any, which	(16) Chrou	i reus	1 foul	MP	at least 6
cause (o), stating the	DUE TO, OR AS A CONSEQU	UENCE OF	U		7
underlying cause last					over 1.
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMINA	AL DISEASE OR CONDITION (GIVEN IN PART 110
of COM,	P4/wowary	f1008er,	COPD	,	
M DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERI	FORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
<u> </u>		I di siversi		YES NO	YES NO
		DAY YEAR	INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMI	NER) P.M.	19			
21d INJURY OCCURRED				CITY OR TOWN	COUNTY STATE
AT WORK			-01		01
			7. 19	., ta	, 19
saw the deceased alive abave((1))we) (did) (did	nan view the bady after death.	and that in the	y) (our) aprnian deor	th occurred on the date and h	naur and fram the causes stated
22b. SIGNATURE	11/10	DEGREE	ATTENDING	ALEDICAL STAFF	224. DATE SIGNED
///	94911			RECTOR PHYSICIAN	1-10
274 PHYSICIAN'S NAME (TH		22e ADDR	ESS		
PETER	gROSLIA	1777	REISTERS	TOWN RD., #36	5 #21208
230. BURIAL, CREMATION, REMOV	AL 23b. DATE 23c.	NAME OF CEMETERY O		23d. LOCATION	COUNTY STATE
BURIAL	MAY 8,1986 AC	GUDAS ACHIM	ANSHE SFA	RD ROSEDALE	BALTO. MD
	LEVINSON & BROS.	, INC.	25c. DATE RE	C'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
,	TES WW. 18 CAUSE OF DEATH LENTER PART I. DEATH WAS CAU IMMED Canditians, if any, which gave rise to immediate cause (o), stating the underlying cause last PART 2 OTHER SIGNIFICAN 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICALEXAMI) 210. IN JURY OCCURRED WHILE WORK NOT WHILE ALWORK 220.1 certify that (I) (this hose above (f)) we) (did) (fid) 22b. SIGNATURE 30. BURIAL, CREMATION, REMOV. (SPECIFY BURIAL 44 FUNERAL DIRECTOR SOL	TES WWII-AF 216-09- 18 CAUSE OF DEATH (Enter only one cause per line for (a), in the part I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	See Burial, Cremation, Removal 23b. Date May 8, 1986 AGUDAS A CHIM	SES WWII-AF 216-09-9821 4019 FALLSTA 18 CAUSE OF DEATH LEnter only ane cause per line for (a), in line of the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	THE CAUSE OF DEATH lenter only one cause per line for io. In the part I. DEATH WAS CAUSED BY: IB CAUSE OF DEATH lenter only one cause per line for io. In the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)



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			ac		£ 3	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYCIENE

8 6	1	3	Ó	day	
-----	---	---	---	-----	--

1.	STATE REGISTRAR		VEI ARTI	CERTIF	ICATE OF DEATH	REG. N	O.	1 '	5	
	CEASED NAME FIRST L CORPRINT) Lawren		e Gioga		pioga	20 DATE OF DEATH	MONTH 05	DAY 24	YEAR 86	26 HOUR 425 PM
3. SE.	X	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY)		DER 1 YEAR	IF UNDER 24 HRS
	Male	Cauca	sian	MONTH 10	10 1895	90	YRS	MONIH	S DATS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimo	_	Cit		MD.
9	Baltimore	Merc	HOSPIT	acoress)	DR OTHER INSTITUTION	12g USUAL OCCUPATION OF WORK FOR MOST OF Brick La	FWORKING	HEE) IN	DUSTRY	ruction
130 5	Ma.	OR OTHER INSTITUTION	Balt im		13d. INSIDE CITY LIMITS? YES NO	130-STREET ADDRESS	t om	ac	St.	21224.
14 FA	Carlo	MIDDLE	Gioga		15. MOTHER'S MAIDEN NA	MIDDLE -			?	?
	VAS DECEASED EVER IN U.S. A YES. NO P UNKNOWN) (IF YES O	RMED FORCES?	213-09-		Mrs. Anton					o.,Md. 1224
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)	RASA CONSEQUE RASA CONSEQUE RECUR ONTRIBUTING TO S	NCE OF ren	t aspirat		DITION G	IVENIN	I PART 110	days
CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER			NGS USED OF DEATH? NO
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	P 21e PLACE	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY OFFICE, F	19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU			OUNIY	STATE
	220.1 certify that (I) (this has sow the deceased alive cobove, (I) (we) (did) (did in 22b. SIGNATURE	sn 5/24 not) view the body Sholen (10 5		nd that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STAI	F F	our and	from the	
	Joan M. Tho	len Col	lison, M.	D.		timore MD	ule.	212	.02	

DHMH - 16 60M 7/B4

the buriol-tronsit permit. The ond Mentol Hygiene prior to

should be detoched for use os with the Stote Dept. of Heolth TO FUNERAL DIRECTOR.

MPORTANT: If Hem 21 is

(VRA 15, 4)

Baltimore.

21202

(SPECIFY) Burial 5/28/86 Dulaney Valley Mem. Garde-Timonium, Maryland 24 FUNERAL DIRECTOR John A. Moran, Inc. Funeral Honey Pate Feed By Registrance State 3000 E. Baltimore St.; Balto., Md. 21224.

No --- 213-18-416 , and ordered as 117 4

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0-06	146	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYG	IENE 8 6	0.	3 6	5 0
noy be poge 3			OR PRINT)	FIRST		Willis		ISCO		20. DATE OF DEATH	41	4 86	2b. HOUR A
ge 4 m		3. SE	Make		Blo	rck	5. DATE C		YE AR	56		MONTHS DAYS	HOURS MIN.
ter deoth. Page 4 ma funeral director. p	once.		RTHPLACE (STATE OR FOR		U.S.A	WHAT COUNTRY?		NEVER MA		9 BALTIMORE CITY C	_		
	porified of		Virginia TY OR TOWN OF DEATH	1	(IF NOT IN SUC	HOSPITAL, NURSIN	AODRESS)			City of F 126 USUATOCCUPAT (TYPE OF WORK FOR MOST OF Sanitation	ION OF WORKING LIF	126 KIND O INDUSTRY	Town of ruan, Va.
nin 24 hours of ly filled in by the should be filled	must be	130. 3	It increate RESIDENCE (IF NURSING ITATE IT	HOME OR C	THER INSTITUTION	134. CITY OR TOW	ADMISSION)	13d INSIDE CITY	Y LIMITS?	13e STREET ADDRESS			
with with d2	Xomine	14. FA	THER'S NAME FIRST		HODLE	Baltimor GLASCO	е	15. MOTHER'S MAR	MAIDEN NAM	lı427 Kenhi (unkno		WASHIN	
executed and comp	nedicol ex	16a V	HARLIE VAS DECEASED EVER IN (ES, NO OR UNKNOWN) NO			166 SOCIAL SECU 229-34-3		17 INFORMAN	T	s(sister) _B	ESS 142	4 Ediso	n Highway
that the deat by the attending thrup	ial, cremation, ar removol. ar other traumatic event, the		18 CAUSE OF DEATH PART I. DEATH WAS IN Conditions, if ony, v gove rise to immedicate to immediate to immedicate t	S CAUSED AMEDIATE which diote the	DUE TO, OI	R AS A CONSEQUI	ENCE OF	S liver				APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
ow requi	ws any injury,	CERTIFICATION	PART 2. OTHER SIGNIF	I I	oleed	DNTRIBUTING TO				200 AUTOPSY?	20b. IF YES	, WERE FINDIN YING CAUSES	NGS USED
The strength of the strength o	ond Me	MEDICAL CER	21g. ACCIOENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d INJURY OC CURREL WHILE NOT WHILE AT WORK AT WORK	JSE OF DEAT . EXAMINER)	P.I	M. MONTH D. M.	19	211 LOCATION STREET		ED (ENTER NATURE OF INJU	-11	COUNTY	STATE
HOSPITAL OR ATTENDIN prined by the hospital or FUNERAL DIRECTOR Af	of He 21 is		22a.1 certify that (1) (M say the deceased observ. (I) has been seen to be a superior of the say of		Aprel	deceased from_		d that in (my)		MEDICAL STA	FF		
5 t d d	3 ₹	23s. t	HIRIAL CREMATION, RE	MOVAL	23b. DATE	23c. !	NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION		-	

23c. NAME OF CEMETERY OR CREMATORY

Fairview Cemetery

503N. Main Cull ATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE peper, Va.

Culpeper

Culpeper Virginia

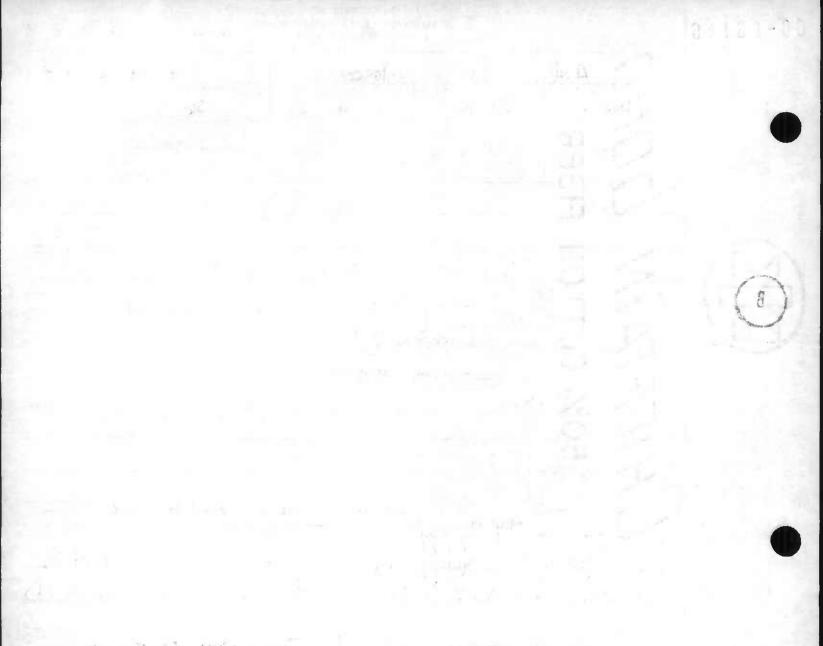
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

23 BURIAL CREMATION (MCH) Burial

4/20/86

W.C.Thompson's Funeral Hone



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	ATA	d fo
	DR.	che
	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages, Land Q should be with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remove.
	by	ER e d
	SC	A G P
	H	O F
	e 10	DA. 3

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

404	
103	Gran.
0	0
-	-

3 6 5

REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.		
I. DECEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(TYPE OR PRINT)	A.	GLENDENNI NG		05 29	86	1255 PM
3. SEX	4 RACE	5. DATE OF BIRTH WEA	6 AGE (IN YEARS LAST BIR	THDAY) IF U	THS DAYS	
Female	Caversian	07 10 0		YRS		MIN.
To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	- 9 BALTIMORE CITY O		DEATH	
MARYLAND	U.S.A.	MARRIED NEVER MARRIES		of Ci	tu	MC
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTIO	N 12a USUAL OCCUPATI	ION		OF BUSINESS OR
Baltimore /	Mercy Ho		Ins Rep	OF WORKING (IFE)	U S	Govt
	INTY A. ROTHER INSTITUTION GIVE RESIDENCE BEI 13(CITY OR TO PASAD	DENA 134 INSIDE CITY LIM YES \(\text{NO } \text{D} \)	715 Pasa	ZIP CODE dena R	oad	21122
14 FATHER'S NAME CHARLES	HERBERT		WIDDIE	WILD		
VAS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SE 122 09		Burnie, Mary RBACK 420 Cr			
18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b),	and (c) 1			APPROX	XIMATE INTERVAL
PART I. DEATH WAS CAUS	ED BY:			200	CETTAGEN	Et Day
IMMEDIA	ATE CAUSE (0) 1 rach	ear oustruction	1			Day.
Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC (b) METAS DUE TO, OR AS A CONSEC	tatic breast	Carcinoma		1	Months
underlying couse lost.	DOE TO, OK AS A CONSEC	SOLINCE OF				
	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN	IN PART I	lo
198 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	INGS USED S OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		DAY YEAR	CCURRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINI	P.M. 21e PLACE OF INJURY	19 211 LOCATION				
WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE		CITY OR TO	WN	COUNTY	STATE
22a.1 certify that (1) (this has	oital) attended the deceased from		86 10 5/29	, 19.		that (I) (we) last
sow the deceased alive a	n 5/29 ot view the body ofter death	86 , and that in (my) (our) of	pinion death occurred on the de	ate and hour on	d from the	couses stated
22b. SIGNATURE	or view me body oner deam	DEGREE			22c. DATE	ESIGNED
Joan M.	Tholen Collison	M.D. ATTEND			5/	29/86
274. PHYSICIAN'S NAME (TYPE	OR PRINT)	122e ADDRESS				
	holen Collison		/	timore,	MD	ZIZOZ
230 BURIAL, CREMATION, REMOVA	1 23b. DATE 23	NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION		DUNT 4	A FATATE
CREMATION	5/30/86 W	Westview Cremat	cory Catonsv	ITTE E	altc	Md ^{ATE}

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Item 2

Raymond C. Fink Glen Burne, Md 21061

250 DATE REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE

TO THE STORY OF A STORY Tall and July 1 and 1 and 1 and 1 and 1 and 1

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

00-0865

poge 3

	DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6).	3 0	5	2
	R.	Ł	GLICK	20 DATE OF DEATH MAY 11,	1986	YEAR	26 HOUR 10:	- A
ACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 2	A HRS
WHIT	E	MA	R. 15, 1967	79	YRS	NIHS DAIS	HOURS	MIN.
US.	what country?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY				
	HOSPITAL, NURSIN CH FACILITY, GIVE STREET A INAI HOSP		DR OTHER INSTITUTION	120 USUAL OCCUPATO (TYPE OF WORK FOR MOST O HOUSEWIF		12b. KIND O INDUSTRY AT HO		SOR
RINSTITUTION	GIVE RESIDENCE BEFORE 130 CITY OR TOWN BALTIMOR		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS A	VE., AI	PT. 41	3 #21	1208
ÄVID	HIMÊLFA	RB	IS. MOTHER'S MAIDEN NAMED BESSIE	WE		YOUSEM		
FORCES?	16b SOCIAL SECU		17. INFORMANT MR 7 SLADE AV	. HENRY STATE E. BALTO		PT. 41 21	3 208	
ne cause per	r line for to this, and	lia	ament	-		BETWEEN C	MATE INTERV	AL DE ATH
	PR AS A CONSEQUE	NCE OF	ASCL	,D	U	YEA	25.	
	R AS A CONSEQUE	NCE OF						
	ontributing to d	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Ito		
19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDIN		
	DE INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	EY IN ITEM IS PART	I OR PART 2)		
	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OF TO	WN	COUNTY	STA	ATE
7/1	ne deceased fram	5/17 5 , ar	, 19 <u>75</u> and that in (my) (aur) apinion (ta 5/11 death occurred an the do	19 ite and hour o		hat (I) {w	
CA Dady	enter death.		DEGREE ATTENDING PHYSICIAN IX	MEDICAL STAR		22c. DATE :	SIGNED	
NT)	_		77e ADDRESS			110.1	SUP	

MEDICAL 21d INJURY OCCURRED 21e PLACE (AT HOME ST NOT WHILE 220.1 certify that (1) (this hospital) attended to sow the deceased alive on abave, (I) (we) (did) (did not sew the bady 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PRINT)
BORIS KERZNER 131 SLADE AVE. BALTO., MD 21208 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION COUNTY

(SPECIFY)BURIAL

6010 REISTERSTOWN RD.

MAY 13,1986

230 NAME OF CEMETERY OR CREMATORY ANSHE EMUNAH

21215

BALTIMORE

MARYLAND

24 FUNERAL DIRECTOR

FOR - STATE

I. DECEASED NAME

FEMALE

In BIRTHPLACE (STATE OF FOREIGN MARYLAND

CITY OR TOWN OF DEATH

HYMAN

Conditions, if ony, which

gove rise to immediate cause (o), stoting

underlying cause lost.

90 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one cause pe PART I, DEATH WAS CAUSED BY

PART 2. OTHER SIGNIFICANT CONDITIONS C

BALTO.

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (o)___

BALTIMORE

MARYLAND

(YES, NO OR UNKNOWN)

4 FATHER'S NAME

(TYPE OR PRINT)

3. SEX

CERTIFICATION

FIRST

ETHEL

4. RACE

WHIT 76 CITIZEN OF

DAVID

SOL LEVINSON & BROS., INC.

BALTO., MD

250 DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE MAY 1 5 1986 Julia Davidson Mandales

Brown/Thompson F.H.

(VRA 15, 4)

STATE OF MARYLAND

0-0821	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6 REG. NO.	3 6 5 4
oge 3	(TYPE	CRASED NAME FIRST	M. G	lowas Ei	20 DATE OF DÉATH MONTH 20 DATE OF DÉATH MONTH 20 AGE (IN YEARS (AST BIRTHDAY)	DAY YEAR 26. HOUR 255 M
- That	3. SE	Maile	White	04/20/00 YEAR	85 YRS	MONTHS DAYS HOURS MIN.
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RTHPLACE (STATE OR FOREIGN OUNTRY) WYORK	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED X DIVORCED	BACTO CI	OF DEATH MD.
	III CI	ALTO CITY	NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE WIH ROUSE	1 1	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY mfg.
ethin 24 hear	Ma Ma	TATE II) GOU	TY HER INSTITUTION GIVE RESIDENCE BEFORE TO THE TOTAL TO THE TOTAL	VN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 1704 Arbutus A	
Penyled compile	ye	/AS DECEASED EVER IN U.S. AF		URITY NO. 17. INFORMANT	ADDRESS	
harbe death of trast by attend physical are remarked, or emoved other trasmark, event,	18.7-18		DUE TO, OR AS A CONSEQUENCE TO OR AS A CONSEQUENCE TO OR AS A CONSEQUENCE TO THE PROPERTY OF T	JENCE OF WINTERS HA	MREST emorshage the probable	serwern onser and death L May Less Mars 24
Igw. requires a subservigated error Then ple e prior to burn subservigates.	HCATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YES	EN IN PART To S, WERE FINDINGS USED YING CAUSES OF DEATH?
SECIAN: The certificate he certifica	ICAL CERTIF	21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH E	DAY YEAR 19	YES NO YE	S NO
A proof	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE,	FARM ETC)	CITY OR TOWN	COUNTY STATE
R ATTENDS from the part of the part of the part of the other oth		22a. I certify that (I) (this hasp saw the deceased alive as	at) view the bady after death.	D.	death accurred an the date and hau	19 that (I) (we) last r and from the causes stated 22c DATE/SIGNED
HOSPITAL Oronaed by the Stude B	1	22d. PHYSICIAN'S NAME (TYPE)	or PRINT	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	5/29/P6
54 54 W	23a E	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	123d LOCATION	1)200/11/23

DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY) 06/02/86 Burial 24 FUNERAL DIRECTOR

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR FOWN

STATE

Ambrose Funeral Home 1328 Sulphur Spring Rd.

Baltimore National Baltimore City Maryland

| Part | Part

1227	Avenue 2	Arbutus	1704	X	Halethorpe	Baltimore	Maryland	
~	ark Road	4 Deerpa	ki 91	Donald Glowad	214-44-6852	WWI	yes	

00-0710

201 W. PRESTON ST., BALTIMORE, MD. 21201

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	3	O	5	
REG. NO.			2.70	

7100	-	FOR STATE			DEPARTMENT OF			ENE Du O	130	5 5
1100	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1 DECEASED NAME FIRST MIDDLE LAST 120. DATE KNOWN MONTH DAY YEAR								V548 01 110115	
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SHOULD SH	1	ACTUAL SIGNATURE,	Mays	to (be	you		is always	AEDICAL EXAMINER	SIGNED-19	1-86
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE BORGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTIMORE, MARYLAND,		EXAMINER'S (TYPE OR PRI	A. Effert	aargarita	A. Korell.	M.D. ADDRES	s 111 Pen			
TO TENDEN	23a.Bl	PECIFY)	TION, REMOVAL 2	3b. DATE	23c. NAME OF CE	METERY OR CREMA		LOCATION	COUNTY	STATE
BP /	24. FL	Bur .		5/22/86		n Grove	Cem. B	ridgeport	Fairfie	ld Conn
DHMH - 17 (VR A15 ME (5))		"Flem.		eral Ser	vice Ber	son, Md	I Man	2 0 1900 g		2

TO MEDICAL EXAMNER: THIS CERTIFICATE SHOULD BE EXECUTED.

EXECUTE THE CERTIFICATE, WRITING THE WORD. "PENDING" "APPER
PAGE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAM
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TI
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEN
AATTRADE MARXIAND 21201 PRIOR TO RURIAL CHEMATION OF **DHMH** - 17 (VR A15 ME (5))



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FOR DI

STATE OF MARTLAND	
EPARTMENT OF HEALTH AND MENTAL HYGI	ENE
CERTIFICATE OF DEATH	

6	3	0	2
REG. NO.			

1.	STATE REGISTRAR			DEPAR		ICATE OF DEAT		IENE 8	6 REG. NO		3	0	2/
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I. SE	X		4. RACE		5. DATE C			6. AGE (INY	EARS LAST BIRTH	DAY)	IF UNDER 1		F UNDER 24 HRS
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	laryland	1	U.	S.A.	WIDOWE			Balt	imore	City			MD
	ITY OR TOWN OF DEAT	н	11. NAME OF H	OSPITAL, NURS	ING HOME C	OR OTHER INSTITUTI		120 USUAL	OCCUPATIO	N	12b. KII		BUSINESS OR
-	altimore	10 20 15 00	Church	Hospita	l				ck Cle				tman Sp
13a 3		36 COUN		13c. CITY OR TO Dunda	WN	13d. INSIDE CITY LIA		13e.STREET /	ADDRESS / Churc	zip cod h Ro	ad	21	222
M. FA	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MAI	DENNAM	AE	MIDDLE	T.		LAST	
1	Peter	Jo		Enres		Cora			ADDOCC			Koel	
1	WAS DECEASED EVER IN YES, NO OR UNKNOWN)		WAR OR DATES	166 SOCIAL SEC		17 INFORMANT			ADDRES		5 Chui		
N	0			213-12-	-0613	Jack Gol	dsmit	th		Balt			21222
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	CEOP	CP T	DUOMAC	MD		100 n.B			HOSPI'S		MD.	NXR	1X 2123
	BURIAL, CREMATION, R	EMOVAL	The DATE	230	NAME OF C	EMETERY OR CREM	ATORY	23d LOCA			COUNTY		67.476
	Burial		5/19/		Morela	nd Memor	rial		timore			Mary	yland
24 FI	UNERAL DIRECTOR D	uda-l	Ruck, In-	C. ADDRESS				REC'D. BY R	EGISTRAR 2		TRAR'S SIG	NATUR	
1	7922 Wise	Avenu	ue, Dund	lalk, MD	21222	2	MAI	1411	986	ward	entagen.	-Alest	7

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phy should be detached for use as the burial-transit permit. Then please remove carbonpai with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certific

retained by the hospital or attending physician.

BP.

injury, or other troumotic event

IMPORTANT: If Item 21 is morked or Item 18 shows ony

3. SEX 3. SEX 4. RACE 4. RACE 5. DATE OF BIRTH 5. DATE OF BIRTH 6. AGE INTERSALSI BRIDGAY 78. BIRTHPLACE ISTATO DETOFFORM 78	TOSEM SOUTH STATE OF DEATH JOSEM GRACE GOODSTAN JOSEM GRACE GOODSTAN JOSEM JOSEM JOSEM JOSEM GOODSTAN JOSEM	3. SEX CRACE S. DATE OF BIRTH S. DATE OF BIR	08420	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	300
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WRS. SYLVIA MALVIN 6B DEER LODGE CT (211) 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED 200, AUTOPSY? 210, ACCIDENT WAS UNDERLYING 211, TIME OF INJURY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED 211, ACCIDENT WAS UNDERLYING 211, ACCIDENT WAS U	WINGS MILL NO RUNKNOWN) (IF YES, CIVE WAR OR DATES) MRS. SYLVIA MALVIN 6B DEER LODGE CT (2111) 18 CAUSE OF DEATH (Enter only one couse per line/prio), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 AUTOPSY 211 ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH OOR CONTRIBUTING CAUSE OF DEATH OOR CONTRIBUTING CAUSE OF DEATH OOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 211 LOCATION CIVING TOWN COUNTY ADDRESS: AND COUNTY COUNTY 212 ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 213 ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 214 LOCATION CIVING TOWN COUNTY STATES CIVING TOWN COUNTY STATES CIVING TOWN COUNTY STATES COUNTY STATES CIVING TOWN COUNTY STATES COUNTY STATES CIVING TOWN COUNTY STATES CIVING TOWN COUNTY STATES COUNTY STATES CIVING TOWN COUNTY STATES CIVING TOWN COUNTY STATES C	THE CAUSE OF DEATH IERREY ONLY IN THE PART I OF AN A CONSEQUENCE OF CONDITION IN THE SECRET WAS CAUSED BY: IMMEDIATE CAUSE (10) DUE TO, OR AS A CONSEQUENCE OF CONDITION SONT RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO PART	to TE	FIRST		EJRST	ME	
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	TIE PLACE OF INJURY VIIIE NOT WHILE AT WORK AT	AT WORK AT WORK 270. I certify that \$\mathbb{G}\$ (this haspital) attended the deceased fram \$\frac{3}{12}\$, and that in (\text{math} (aur) opinion death occurred on the date and hour and from the causes state above, \$\mathbb{G}\$ (we) (did) (did) (aur) view the body after death.		OR CONTRIBUTION CALIFF OF DE	HOUR A.M. MONTH D	AY YEAR 19		

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS: 21215 MD

23b. DATE

6/1/86

Kn

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23a BURIAL, CREMATION, REMOVAL

BURIAL

23c. NAME OF CEMETERY OF CREMATORY OHEL YAKOV-BETH ISRAEL

23d LOCATION
CITY OF TOWN
L BALTIMORE, MD.

LEVIN TAVE HEBREN GERLATURE CENTER + HOSPITAL

STATE

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

351 b * .

					STATE OF M	ARYLAND				
06362		FOR STATE REGISTRAR			CERTIFICATI	OF DEATH	REG	G. NO.	3 6	5 9
" w# ()		CEASED NAME FIRST	,,	AIDDLE	LAST	1 =	20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
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s offer		ltimore	(IF NOT IN SUCI	OSPITAL, NURSING FACILITY, GIVE STREET OTE Cou	ADDRESS)	Hospit	126 USUAL OCCU (TYPE OF WORK FOR M		E) INDUSTRY	BUSINESS OR
24 hours	130 S	RESIDENCE (IF NURSING HOME OR TATE TO CATE	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Westmin	ster 13d IN	SIDE CITY LIMITS?	13 STREET ADDR	ss/zip.code	dge Dr.	21157
rely f		THER'S NAME				THER'S MAIDEN NA	ME			
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OR ATTENDIN e hospital or r DIRECTOR: Aft ched for use a Dept. of Health Hern 21 is mor		220.1 certify that (1) (this haspe	t) view the body	19_	DEGREE DM 1)	ATTENDING PHYSICIAN DDRESS		STAFF ./	19 6, the rand from the co	
O HOS etained O FUN hould b	22 5	ARALLY X	lak	100/-) 131	ALTIMORE	COUN	74 6	ON AL	95 P
BP	- (URIAL, CRÉMATION, REMOVAL BURIAL				Y OR CREMATORY	23d LOCATION CITY OF TOV		COUNTY	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		GERAL DIRECTOR	homas Westma		cher &	Son F.H.	E REC'D. BY REGIST	RARIZSO REGIST	RAR'S SIGNATU	PE Indebis

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TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial.

BP.

DHMH-16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or them 18 shows any

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DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMORE, MARTEAND ZIZE	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	
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STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH	8	6 REC

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1.	FOR - STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	GIENE 8 6	3 6 6 0
	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		non	N.	Go	odman	5	22 86 8 49 PM
3. SE	X	4 RACE	Maria III	5. DATE 0	OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	Male	White		8 8	23 42	43 YR	MONTHS DAYS HOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8		9 BALTIMORE CITY OR COUN	
¥	ryland	USA		WIDOW	D NEVER MARRIED DIVORCED	Baltimore City	, MD.
	ITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREE	ING HOME (or OTHER INSTITUTION ical Center	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Self Employee	126 KIND OF BUSINESS OR INDUSTRY
Usu 13a Ma	AL RESIDENCE (IF NURS NO HO). STATE III. C ryland Ea			RE AUMISSION)	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS	or Terrace 21222
17 F/	ATHER'S NAME	WIODLE	LAST		15 MOTHER'S MAIDEN NA	ME	
Me:	rwyn	N.	Goodman	n	Helen	C.	Bell
	WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS	
Ye		S, GIVE WAR OR DATES)	215-40-	5468	Melody A. Go	odman same	as 13e
TION		DUE TO, C	R AS A CONSEQU	JENCE OF		INAL DISEASE OR CONDITION	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{align*} \text{VES} \\ \begin{align*} \t
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A	.M. MONTH [M.	DAY YEAR	1 1 1 No.	RED (ENTER NATURE OF INJURY IN ITEM	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that withis h sow the deceased alivabove. (I) the (did) (2) 220. SIGNATURE, 221. PHYSICIAN'S NAME (1)	e on view the body	19		DEGREE ATTENDING PHYSICIAN 224, ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 5/23/86
230 5	BURIAL, CREMATION, REMO		I no.	NIAME OF C			N.D. XIALL
. ((SPECIFY)				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	emation UNERAL DIRECTOR	5-27-	86 W	estvie	w Mem. Pk.	Baltimore	Maryland
	da-Ruck, Inc.	7922 Wis	e Ave. B	alto M	A A A	E REC'D. BY REGISTRAR 256. REG	Davidson-Abridase



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	74 be	r deoth		(TYPE	CEASED NAME FIRS	elen	RIDDLE	Go	podwin			MONTH DAY	86	26 HOUR 15 12 AM
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LAND	nin 24 ho	should by	5	130/6		OUNTY	Bult		13d. INSIDE CITY LIMI YES NO [STREET ADDRESS	ZIP CODE	treet	21217
E, MARY	ecuted with	s ord 2	0	Leu	Sis (Wille)	MIDDLE	Mar DRCESS LIM SOCIAL	H'n L SECURITY NO.	Beat 17. INFORMANT	rice	MIDDLE	7	Hawk	ins
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	certificot	8)		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA IMME	er only one AUSED BY: DIATE CAL	(11)		reas D &	M	els		BETWEEN OF	The .
W. PRESTON ST	he deoth	ome comme		•	Conditions, if ony, which gove rise to immediate couse (a), stating the	h e	(b)							
, 201 W.	ires that if	n pleos, r buriol, ce			underlying couse los	1	(c)ITIONS CONTRIBUTION		NOT RELATED TO THE	E TERMINA	L DISEASE OR CONI	DITION GIVEN	IN PART 11a	
RECORDS	low requi	prior to ony injury	-	CERTIFICATION	19a DATE OF OPERATION	1	96. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, V	VERE FINDING	GS USED
VITALE	N: The lysicion.	Hygiene	4	ERTIF	21a. ACCIDENT WAS UNDERLYIN	G 🗍 2	16. TIME OF INJURY		21c HOW INJURY O		YES NO	YES [NO 🗌
V OF V	SICIAN 19 phy certific	riol-tr entol tent	1	CAL	OR CONTRIBUTING CAUSE (DEATH	HOUR A.M. MONT	H DAY YEAR						
DIVISION OF	AG PHY offendii	os the bu	1	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		LE PLACE OF INJURY AT HOME, STREET, FACTORY, (OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOV	MN 6	COUNTY	STATE
	ATTENDIN ospitol or ECTOR: Aft	for use of Heoli 21 is mo	6	0	22a I certify that (+) (this I saw the deceased always obove, (1) (we) (did) (d	e on	5/30	C3 C3	nd that in (my) (our) op	pinion deof	to	te and hour o		hat—(I) (we)—last ouses stated
	OR DIR	detached ote Dept. IT: If Item			226. SIGNATURE	P	Gladi	11 %	DEGREE ATTENDI	ING M	MEDICAL STAF	F IAN 🗍	220 DATE S	IGNED OF SG
	O S				224 PHYSICIAN'S NAME (YPE OR PRINT			22e ADDRESS	nic f				
	P € P	₹ 3 ₹		23a. B	URIAL, CREMATION, REMO	VAL 23b	DATE 6/4/86		emetery or cremat ove Bapt C		23d LOCATION 1 Hatifax	c	OUNTY	NATEC.
	DHMH - 1 (VRA	6 60M 7/	84		neral director arch Funeral	Home	West 4300°	Wabash A		JUN I	C'D. BY REGISTRAR	Aulia Ja	R'S SIGNATU	RE

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0-064016	>L	FOR - STATE REGISTRAR			CERTIF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 6 6 2
w € /		ECEASED NAME FIRST	TANI	WIDDLE				26 HOUR a 7:00 A
poge 3	3. S		IAN 14 RACE	V.	5. DATE O	ORDON	May 11, 1986	IF UNDER 1 YEAR IF UNDER 24 HRS
offer, p	3. 3	Female		nite			69	ONTHS DATS HOURS MIN.
dire dire	70	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY OR COUNTY	OF DEATH
Jacoth. Juneral Jun 72 him 72 him 72 him		PA	l l	JSA	MARRIE		Baltimore City	
ours after dec	7	Baltimore	3500	CH FACILITY, GIVE STREET Ellerslie	ADDRESS) Ave	or other institution nue	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	12b. KIND OF BUSINESS OR INDUSTRY Own Home
2 hou 2 hou ould be must be	USI 130.	JAL RESIDENCE (IF NURSING HOM STATE 13b CC	E OR OTHER INSTITUTION	Balto	'N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 3500 Ellerslie	Ave., 21218
athin 2 sh	14.6	ATHER'S NAME	MIDDLE	1241		15. MOTHER'S MAIDEN NA	HADDAY.	LAFT
man ted w	2	Robert	P	hillips	1.3	Lottie	Meloy	/
MORE, n ond Page:			ARMED FORCES?			17 INFORMANT	ADDRESS	10
TS. Po		NO 18 CAUSE OF DEATH (Enter		274 05		Tim Gordon	n, Balto., M	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certific attending physician. Wher this certificate has been signed by the ottending ph os the burial-transit permit. Then please remove carbona th and Mental Hygiene prior. The please remove carbona th and Mental Hygiene prior. To burial, crematian, ar remo orked or them 18 shows any injury, or ather traumatic even	NOI	Canditions, if ony, which gave rise to immediate cause fol, stafing the underlying cause last. PART 2 OTHER SIGNIFICAN	(c)_	OR AS A CONSEQUI		NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART Tro
TALRECO	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
OF VITA ICIAN: The physicic physicic physicic polytrons in the physicic ph		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A	OF INJURY A.M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
IVISION OF VI	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY	M. Efc)	211 LOCATION STREET	CITY ORTOWN	COUNTY STATE
R ATTENDIN hospital or RECTOR: Af ned for use o spt. af Health		22a.l certify that (I) (this be sow the deceased olive obave, (I) (wattend) (dic	on A-n	19_			death accurred on the dote and hour	9.86_, that (I) (we) last and from the couses stoted
the property of the Dorter of		22b. SIGNATURE	My	1			MEDICAL STAFF DIRECTOR PHYSICIAN	5/12/86
D HOSPILY D FLINEE They like a should be a wegetter		Dr. Edwin					d St., Balto., A	MD
BP	R	BURIAL, CREMATION, REMOV (SPECIFY) emoval-Buria	5/13	/86	mith	Cemetery OR CREMATORY	Vaynesburg,	COUNTY PA STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24	FUNERAL DIRECTOR Her NAME 4905 York Ro		Jenkins 8 Ito . MD		1212 MAY	E REC'D. BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE

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Lor. Edwin W. Beretods, No. 200 E. SCott Br., Smito. Mileson ov 1 Sunial B/18/8E amith Corretors Verna 2000.

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Asset York Fred Falto., N. 21612

		FOR			DEPARTA	STATI MENT OF H		ARYLAND AND MEN		IENE .	*	**2	6 6	3
0 - 07198		STATE REGISTRAR		ME	DICALE	XAMINE	R'S C	ERTIFICA	ATE OF D	BATH	REG.	NO.	0 0	
		CEASED NAME	FIRST		MIDDLE		L	AST		2a. DATI	KNOWN		DAY YEA	R 2b. HOUR
SE S.S.S.	(TYPE	E OR PRINT)	Maje	stic			G	ough,	Jr.	OF	ESTI- H MATED		20/19 8	86 M
PLEA CTO FILE HOU	3. SEX		4. RACE	S. DATE OF BIRTH	YFAR	6 AGE (IN YEAR			UNDER 24 H	RS. 2c. DA	TE	HTMOM	DAY YE	AR 24 HOUR
DIRE OUR 72 J	MAZ	E	BLACK	1 6	43	43 YRS		DATS	OURS MIN	DE	AD	5/	20/19 8	36 A M
NECESSARY, PLEASE FOR YOUR FILES. WITHIN 72 HOURS	7a. BII	RTHPLACE (51 REIGN COUNTRY)	ATE OR	76. CITIZEN OF W		TRY? 8	MARRIE	D NEVER	R MARRIED [9. BALT	IMORE CITY	OR COUN	TY OF DEATH	
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ELAY IS NO THE FI PAGE 5	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOS			OR OTHE	R INSTITUTIO)N 12a.	USUAL OCC		YPE OF WORK	12b. KIND OF OR INDU	
10 a 4 0	HISTIA	Balt:	imore	Unive		Hospita							1	11
5 / 6 BOOK	13a. S1	TATE	13P CON		13c. CITY	OR TOWN		3d. INSIDE CITY I		STREET ADD			211	46
5 7 2 2 2 3		THER'S NAME	A.A.		SHV	ERNA PA	RK	YES		15 Bal	to. &	Anna.	Blvd.	
M ATH WO	14. 17	MAJE		MIDDLE	GOUGE	f, Sr.		BYR		AME	WIDDLE	DA	Y LAST	
A SAN T	16a. W	/AS DECEASEI	DEVER IN U.S. AF	RMED FORCES?		IAL SECURITY	NO.	7. INFORMA	NT Se	vern a	, Pancks	s Md.	21146	
FTER DR FORM GES LOS	(YE	YES UNKNO	WN) (IF VESTON	TNAM ORDATES)	214-	44-451	9	CLIFT	ON GOU	GH 915	Bal to	. & A	nna. B	lvd.
A SECTION A		18. CAUSE O	F DEATH (Enter a	nly ane cause per line	far (a), (b),	and (c).)							APPROXIA	AATE INTERVAL
12 E 10 E	10		ATH WAS CAUSE				anio	-cerebi	ral Tra	auma			BEIWEENO	NSET AND DEATH
5 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	8/20	INVIACEDIA		AS A CON	SEQUENCE OF								
PRESTON VITHINGS CIL IN TE NER O ANSIT ANDVAL			ns, if any, which se to immediate											
> 0 0 3 E Z W			stating the under		AS A CON	SEQUENCE OF	F							
DIVISION OF VITAL RECORDS, 301 S. CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN PIDED TO THE CAME MEDICAL EX. E. D. SHOULD BE USED AS A BURBLA E. DEPARTMENT OF HEALTH AND M. PROCYTO BURBLE, CHEMATICH, OR				(c)										
PER	2	PART 2 DTHER SI	GNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELAT	TED TO THE TERMIN	IAL DISEASE	OR CONDITION GI	IVEN IN PART 1 (c	1).				
FEATS ASS	ATION	19a. DATE OF	OPERATION	TION CONDI	TION FOR V	WHICH OPERA	TION W	S PERFORME	:D?				2D. AUTOP	SV2
rat Re Hours of Her Lose	12			178. 631151	110111011								YES [
CATE SHORT THE COUNTY BE UND B	1 1		L CAUSE WAS	21b. TIME O			21c HO	W INJURY O	CCURRED (EI	NTER NATURE OF	INJURY IN ITEM	18 PART 1 OR P		140 Q
ION OF THE WITTO THE W HOULD ARTMEN	1 3	UNDERLYING	OR NG CAUSE OF	DEATH 2:22P.N		11/19 8	A Sul	ar ope	erator	of mo	torcyc	le/fi	xed ob	. impa
PER TEN PER TE	ă	21d. INJURY C	OCCURRED	21e. PLACE		(AT HOME,	21f. LOC	ATION		CITY OR			DUNTY	CYATE
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with the little and		22a. Licertii	fy that I taak char	rge af the remains de			Autaps		nspection X			and in my a		
MEDICAL EXAMINER CUTE THE CEFTIFICATI FLANERAL DIRECTOR. FLANERAL DIRE	1	death result	'	unil couses	Accident		ide .	Hamicide		ndetermined],		
CERTINO DIRECTOR			1		\			TITLE (SPE	CIFY)					
AH PORT		ACTUAL SIGNATURE	_	11	/		м.	Assis	stant,	MEDICALEX	AMINER	DATE		0/86
EDICAL TE THE TE THE TE SHON NERAL DEETH OPE TH	V	EXAMINER'S	NAME						222		01			
TO ME EXECUTOR PAGE AFTER PAGE		TYPE OF PRI	UT) (T	egory R.	Kauffr					Penn				
	23a.B	URIAL, CREMA	TION, REMOVAL	^{23b. DATE} 5-23-198	6 23c. N	t. Calv	etery of	Ceme.	Y 23	d. LOCATION		A A	YTAL	STATE
BP		UNERAL DIREC		polis, Ma					. DATE REC'I	Arnol o	RAR 256. RE	A.A. GISTRAR'S	Maryla SIGNATURE	
DHMH - 17 (VR A15 ME (5))				SONS MORTU					MAY 2	1 100	Felia	Davido	- Hande	القار
15M 7/77						- 4574					U A			

EAS office AAA COMPANIE - No. 3 by distant. Blyd. SALLWILLIAN CHIEFER CONTROL STATE OF THE SALES

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E. MARYLAND 21207	completely filled in by the funeral direction of and 2 should be filed within 72 hours after a bound in the filed with a file.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21970- TO HOSPITAL OR ATTENDING PRESIGNAN. The law requires that the death certificate be executed within 24 listura after the property. Page 4.1 sets that hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the otherdop physician and completely filled in by the funeral director should be distoched for use as the burioth-transit permit. Then please carbon-papers. Fages, and 2 should be filled within 72 hours after with the State Dept. of Health and Mental thypiere prior to being, contention, or remained.
DIVISION OF VITAL 8 TO HOSPITAL OR ATTENDING PHYSICIAN. The sequent by the bospital or differenting physician.	TO FUNESLA, DIRECTOR, After this certificational be districted for use on the buriothmism the Store Dept. of Health and Mental I WPORTANT. If their 21 is monthed or them.

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		CEASED NAME FIRST	BERNHARD	GRAF	LAST CP	20 DATE OF DEATH	-	24 86	7:00
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33	7a. Bi	RTHPLACE (STATE OR FOREIGN) TOUNTRY) MARYLAND	U.S.A.	9	XXNEVER MARRIED	Baltimore CITY C	_		
14	B	altimore	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET Union Memorial	Hospi		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O OWNE)	OF WORKING LI	FEI INDUSTRY WOODC	
33	MA	A CONTRACTOR OF THE PARTY OF TH	TIMORE 212	34	YES NO X		ZIP CODE	DGE RO	AD 21
13	2	THER'S NAME CHARLES	F. GRAF,		15. MOTHER'S MAIDEN NA.	MIDDLE		BOND	
2	160	VAS DECEASED EVER IN U.S. ARA YES DOOR UNKNOWN) UFYES GIVE YES WWW	MED FORCES? 166 SOCIAL SECU WAR OR DATES! 213-16-4		LOUISE W. (ADDRI GRAF BALT		E, MD 2	1234
over the same		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one cause per line for a), (b), an	dic	1	FAILUR	-		ATE INTERVAL ISET AND DEAT
10 0		Conditions, if any, which	DUE TO, OR AS CONSEQUE		EARPA	TOMA			
burnt, cremation ny, or other traum	7	gave rise to immediate cause (a), stating the underlying cause lost.		BLE ENCE OF			DITION GIV	/EN IN PART 110	
ow ary rejuly, or other trains	THCATION	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ELE ENCE OF DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES	S, WERE FINDING	
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FOR

CERTIFICATE OF DEATH 20 DATE OF DEATH 26 HOUR MAY 30. 1986 IF UNDER I YEAR YEAR 1900 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCEDYY BALTIMORE CITY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY HOUSEWIFE AT_HOME APT. 204W 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 100 W. COLDSPRING LANE 21210 NO [15 MOTHER'S MAIDEN NAME MIDDLE MINNIE HARTZ 17. INFORMANTMR. ALAN S. GRAHAM 57th ST., BOX 34 NEW YORK, NY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 211. LOCATION COUNTY and that in (my) (and) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION CITY OR TOWN BURIAL BALTIMORE HEBREW CEM 6-1-86 BALTIMORE

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

SOL LEVINSON & BROS., INC, 6010 REISTERSTOWN RD. BALTO, MD 21215

250 DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTS ELIZALETH SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) YEAR black 5 Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Jaltimore WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 11th COUNTY 13e STREET ADDRESS Himore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Grant 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: neumonia PRESTON ST., IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 horax 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a AUTOPSY? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive on obove, (1) (we) (did) (did not one of body after death DEGREE ATTENDING MEDICAL 224 PHYSICIAN'S NAME 22e ADDRESS

(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED old be detach STAFF DIRECTOR PHYSICIAN MPORTANT: 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial 5/21/86 Randallstown ST Md King Memorial Park 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 March Funeral Home West 4300 Wabash Avenue (VRA 15, 4)

STATE OF MARYLAND

2b. HOUR

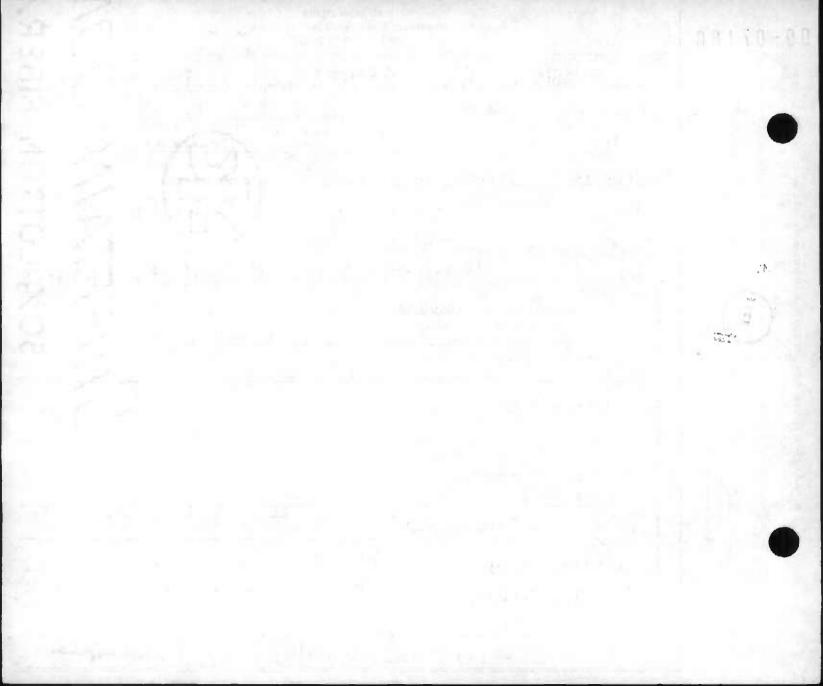
IF UNDER 1 YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NO [



00-06391	1 - FOR STATE REGISTRAR WAT	DEPARTMENT OF HEALTH AND MENTAL HY TER F. GRAP CERTIFICATE OF DEATH	GIENE 8 6 1 3 6 6 /
noy be page 3	1. DECEASED NAME FIRST	F. GRAP	20. DATE OF DEATH MONTH OF SEA TO HOUR OF ME
age 4 moy rector, pag	Male	RACE S DATE OF BIRTH MENT DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
eoth. P	7a. BIRTHPLACE (STATE OR FOREIGN) COUNTRY) Maryland	The CITIZEN OF WHAT COUNTRY?	Baltimore City or County of DEATH Baltimore City MD.
by the fu	M. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY STORE
b 2120 de de in by de be fille	Baltimore USUAL RESIDENCE (IF NURSING HOME OR C 130. STATE 136. COUNT		Manager Hess Shoe
ertani etely fill 2 shoul	Md.	Baltimore YES X NO NOTHER'S MAIDEN N	
ored w	Charles	Grap Sara	Vinton ADDRESS
MORE e execu n ond Poges medica		WAR OR DATES)	F. Grap, Wife, same as above
es that the death certificate be executed by the attending physician and please remove corbonopers. Pages urial, cremation, or removal.		y one couse per line for (a), (b), and ich BY. E CAUSE (a) DUE TO, OR AS A CONSCOURTICE OF D (b)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ECORDS, 201 W. w requires that the been signed by the mit. Then please only injury, or other	underlying cause lost.	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED
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E S E S E S E S E S E S E S E S E S E S	22a.1 certify that (1) (this hospite sow the deceased alive on _		b., to
TAL OR ATTEN y the hospitol RAL DIRECTOR detoched for u fore Dept of H	77h SIGNATUS	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 222. DATE SIGNED
O HOSPITAL efformed by the TO FUNERAL Is should be deto with the Stote I MPORTANT: III	226 PHYSICIAN'S NAME (TYPEOR	Hsico 5601	Lock Rava Blud. Butt M.
BP	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	236 NAME OF CEMETERY OR CREMATORY 5/14/86 Greenmount Crem	atory, Balto, Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR		TE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

500-08265	1.	FOR STATE REGISTRAR			DEPARTA		TE OF DEATH	GIENE
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Fage 4 moy be director, page hours offer deat	100	ale		4 RACE White	e	5. DATE OF BIR 2-2-15		6 AC
Meath.	Ba	RTHPLACE ISTATE OR COUNTRY) 1to. City		USA	WHAT COUNTRY?	WIDOWED	NEVER MARRIED DIVORCED]
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BALTIMORE, MARYLAND 21201 Cuted within 24 Yours of the completely filled in by open for a 1 and 2 should be file val. If the medical examine must be not the medical examine must be not the completely	13a. S	al residence (if nur state MD	13b COU		Balto. C	ity 13d.	INSIDE CITY LIMITS?	13e S 58
mARYL ampletely I and 2 s		Charles		G.	Grasse	r	Margare	
Con		VAS DECEASED EVER YES. NO OR UNKNOWN) NO		RMED FORCES?	216-32-8		nformant 1 lian F. G	rass
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN, The low requires that the death centending physicion. Ifter this certificate has been signed by the attending as the buriol-transit permit. Then please remove corrent th and Mental Hygiene prior to burial, cremation, or remorted or them 18 shows ony injury, or other troumatic evented or them 18 shows ony injury, or other troumatic evented.	CERTIFICATION	Chro,	mediate ing the cost NIFICANT	CONDITIONS CO RENAL	INSU FF	DEATH BUT NOT	RELATED TO THE TER CY AS PERFORMED	
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TO HOSPITAL O retained by the TO FUNERAL D should be defect with the State D IMPORTANT: If I	730 1		o A.	Gonzale			ADDRESS Uni	on l

5-30-86

John Miller, Inc., 6415 Belair Rd.

13e STREET ADDRESS / ZIP CODE 5878 Belair Road, Balto. 21206 AIDEN NAME MIDDLE Pfister garet ADDRESS F. Grasser, 5878 Belair Rd. 21206 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UFF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20b IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO YES [] NO [Y OCCURRED (ENTER NATURE OF INJURY IN ITEM TE PART I OR PART 2 CITY OR TOWN STATE apinian death occurred on the date and hour and from the causes stated MEDICAL STAFF DIRECTOR PHYSICIAN Union Memorial NXXXXXX Hospital 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION Balto. Maryland Holy Redeemer 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 21206

REG. NO

5

9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City,

(TYPE OF WORK FOR MOST OF WORKING LIFE

MONTH

27

26 HOUR

126 KIND OF BUSINESS OR

Self-Employed

1:36

IF UNDER 24 HRS HOURS

86

INDUSTRY

IF UNDER I YEAR

2n DATE OF DEATH

86

Hair Dresser

6 AGE (IN YEARS LAST BIRTHDAY)

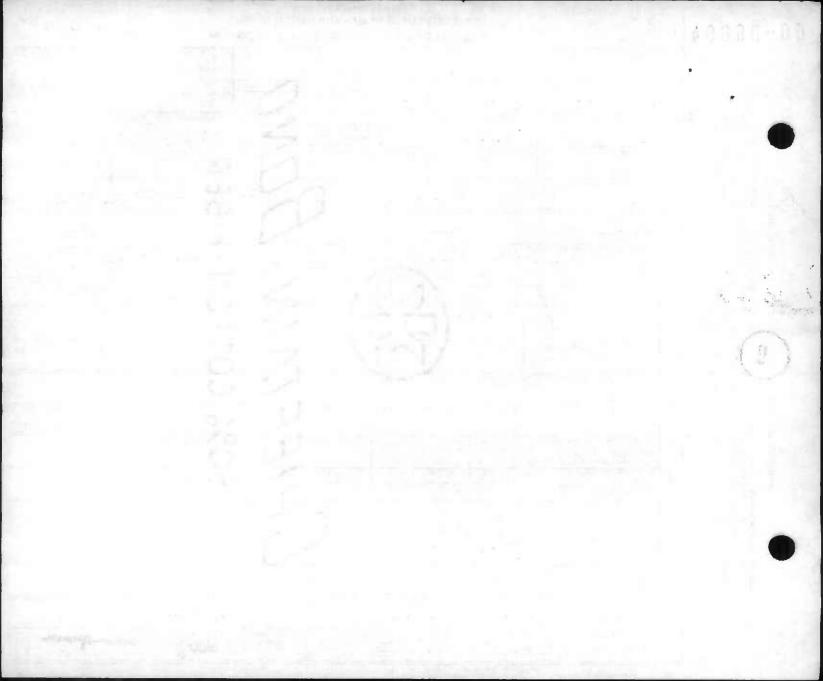
STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

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	ge 4 m ector, rs ofte		J	FEMALE			HITE	MONTH		74 YRS	MONTHS. DAYS	HOURS MIN.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	DRDENN OFFICE rending physicit corbon pope on or removal umatic event, th			18 CAUSE OF DEAT PART I. DEATH W	/AS CAUSE IMMEDIAT	D BY: TE CAUSE (a)	CAROLA DR AS A CONSEON	UENCE OF	ALLEST MANAGE	evo 172	APPROV BETWEEN Z	MANUTE INTERVAL HONSET AND DEATH
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	O HOSPII etained by TO FUNER should be with the St	/		TOP			es hu		22e ADDRESS	g FALLS W	Q.	
	BP			URIAL, CREMATION, BURIAL	REMOVAL		9, 1986		EMETERY OR CREMATORY Y GROVE CEMET	23d LOCATION CITY OF TOWN ERY WOODFIELD	MONT.	MD.

DHMH - 16 60M 7/B4 (VRA 15, 4)

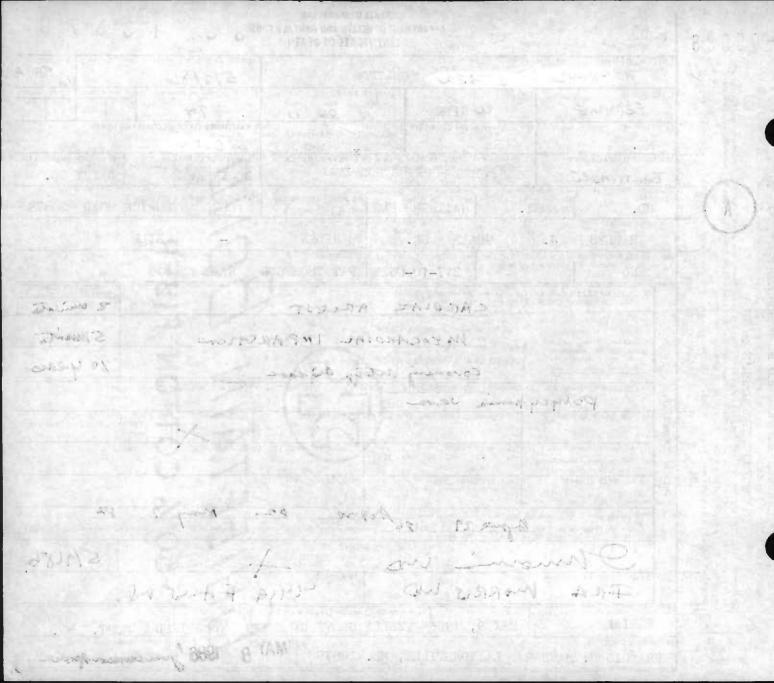
74 FUNERAL DIRECTOR
FRANCIS H. BARBER

LAYTONSVILLE, MD. 20879

WUUDFIELD MONT. MD.

25 MATERIC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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n	0583	7	1-	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 6 REG. NO.	3671
0 -	3 5 5 0 0 0 0	1		CEASED NAME FIRST OR PRINT) EYMA	WIDOLE	GYELW	May 3 19	OAY YEAR 25 HOUR 8:05
	etar. pog		3. SEX	THE T	Negroid	5. DATE OF BIRTH MONTH DAY YEAR JULY 30,190	6. AGE AN YEARS LAST BIRTHOAY) YR:	# UNDER I YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN.
0	death. Par meral din nn 72 hou	33		ountry prainia	6. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto,	City M
201	10 to 12 to	\$C	34	Balto.	1125 W, Fatte	or5000 48.14M	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	
21	The state of the s	3	13a. S	TATE 136. COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c CITY OR TOWN	N 13d. INSIDE CITY LIMITS? YES NO	1125 N. Fa	Herson Pt.
BALTIMORE, MARYLAND	B II	0.00	9	guire 6	reen Sr.	15 MOTHER'S MAIDEN N	que Hol	beay
IMORE	n ond c	medica		(AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE	HULD OD DATES	2476 Julius	Green 41.	18 the Alames
2	physicio physicio propers provol.	event, the		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	1700 40 11 11	ilmonary gy (ex	t	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	deoth cer ottending ove corbo tion, or re	umotic e		Conditions, if any, which		wid tumov & M	netastasi's	
3	that the d by the a cose remo	r other tro		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF nutritim		
RDS, 201	equires 1 n signed Then ple r to burio	injury, a	CATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition	GIVEN IN PART 110
AL RECO	he law rian. hos bee	Z ony	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
VISION OF VITAL RECORDS,	g physici ertificate riol-transi	tem 18 sh	#	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART (OR PART 2)
VISION	G PHYS of the bur	kedor	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE ALWORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE

TO FUNERAL DIRECTOR: After should be detached for use as twith the State Dept. of Health IMPORTANT: If Item 21 is marks TO HOSPITAL OR ATTENDIN retoined by the hospital or M.D LIN 236. DATE 23d. LOCATION NAME OF CEMETERY OR CREMATORY BP. 250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR CALVIN B. SCRUGGS 14912E. Pr 1986 (VRA 15, 4)

DEGREE

22e ADDRESS

ATTENDING.

PHYSICIAN

_, that (I) (we) lost

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

STAFF

MEDICAL

220.1 certify that (1) (this haspital) attended the deceased from

226. SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OR PINELL)

DHMH - 16 60M 7/84

EXPERIMENTAL PROPERTY.

00-07397

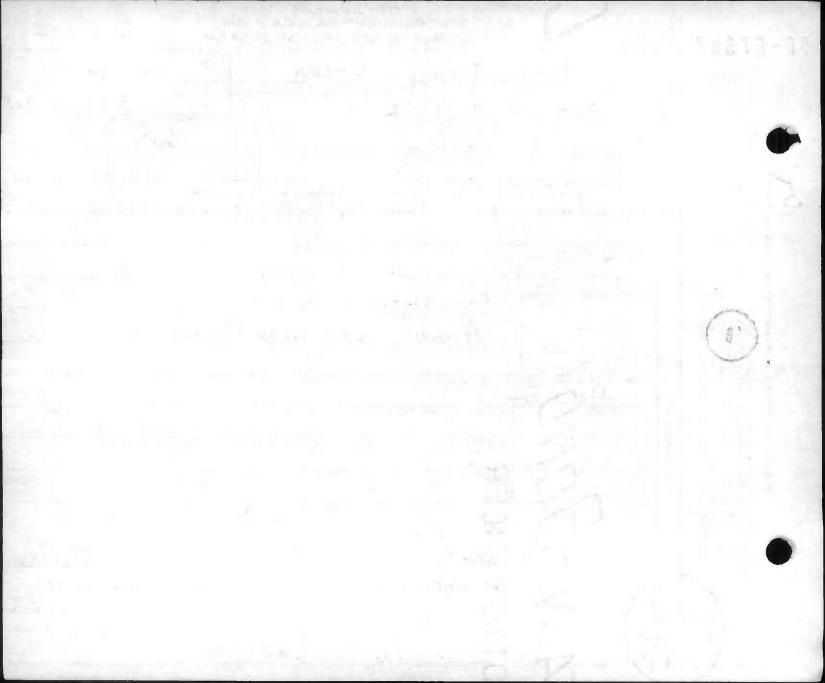
F ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE RINEBAL DIRECTOR I. RETAIN PAGE 5 FOR YOUR FILES SHIPLID BE FILED, MITHIN 22 HOURS RECORDED TO WE FEET ON STREET, DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINES THIS CERTIFICATE SHOULD BE EXECUTE EXECUTE THE CERTIFICATE. WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXTO FUNERAL DIRECTOR: PAGE 7 SHOULD BE USED AS A BURIAN ENER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND A BALTIMORE, MARYLAND, 21201 PRIORITO BURIAL, CREMATION DHMH - 17

(VR A15 ME (5)) 20M 4/82

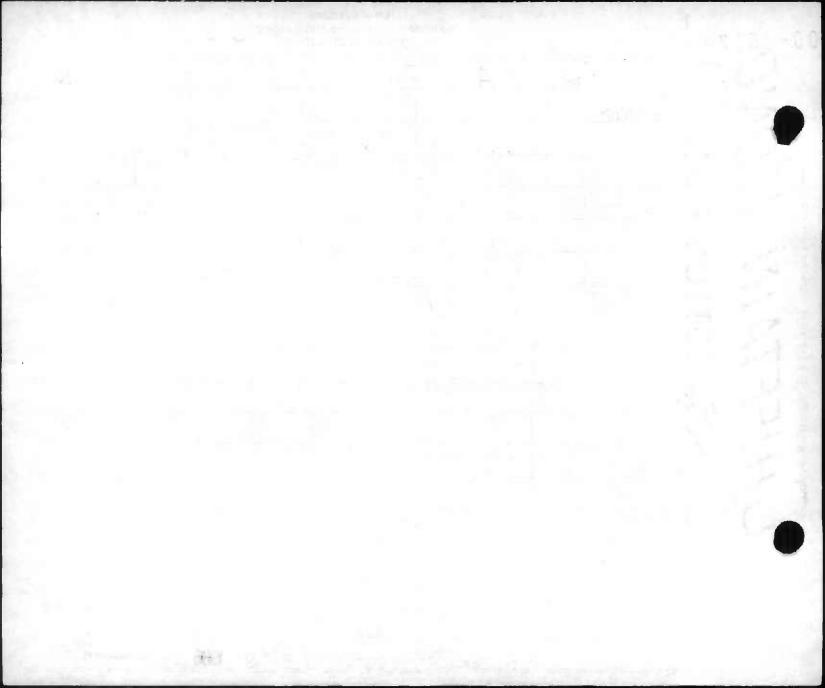
STA	ATE OF MARYLAND	
DEPARTMENT OF	HEALTH AND MEN	NTAL HYGIENE
MEDICAL EXAMIN	NER'S CERTIFICA	ATE OF DEATH

REG. NO.	2
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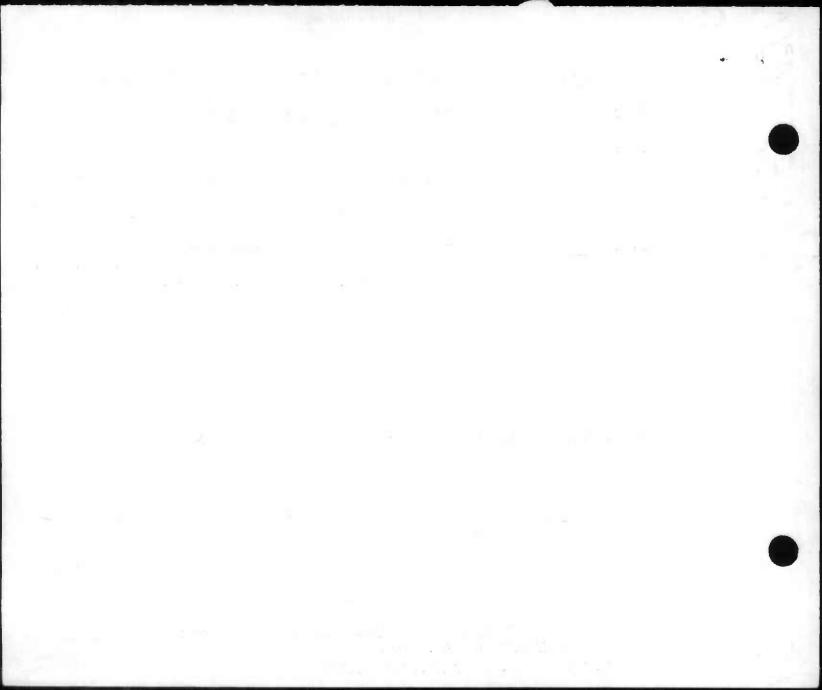
l	- 5	STATE REGISTRAR	MED	DICAL EXAMINER'S	CERTIFICATE O	F DEATH REG. NO.	30/2
P		CEASED NAME FIRST		WIDDLE	LAST		MONTH DAY YEAR 76. HOUR
	(1115	JO H	M TE	tomas 6	REEN	OF ESTI-	5 19 1986 M
F	I. SEX		S. DATE OF BIRTH	6 AGE (IN YEARS IF UN			MONTH DAY YEAR 74. HOUR
L	1	M BLACK	3 19	14 76 YRS.	THS DAYS HOURS	MIN PRONOUNCED DEAD	5 19 1086 7:008
1		RTHPLACE (STATE OR REIGN COUNTRY)	7b. CITIZEN OF WHA	AT COUNTRY? 8. MARE	RIED NEVER MARRIE	ED 9 BALTIMORE CITY OF	COUNTY OF DEATH
1		ARYLAND	U.S	20/30	WED X DIVORCE	- India Co.	MD.
L		TY OR TOWN OF DEATH		PITAL, NURSING HOME, OR OTH	HER INSTITUTION	120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	F WORK 126 CHILD OF BUSINESS OR INDUSTRY
		LTIMORE		AVONDALE ROAD		HERR	CONSTRUCTION
Æ	13e ST			13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	21222
.3:		RYLAND 150	140	BALTIMORE	YES X NO	651 S. AVONDALI	E ROAD
		ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEI	NAME	LAST
1			HENRY	GREEN	ELLA	ADDRESS	JOHNSON
1	(YE		MED FORCES? WAR OR DATES)	16b SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
1	=	NO NO		217058949	HELEN GRE	EN 168 CHESTNUT	STREET
1		18 CAUSE OF DEATH (Enter only PART DEATH WAS CAUSED	D BY:		Λ		BETWEEN ONSET AND DEATH
1			TE CAUSE (o)	CDIO PULMONARI	4 HARET	Γ	
1		Conditions, if ony, which		AS A CONSEQUENCE OF		Anguer	
		gove rise to immediate	(b)		NTRICULAR	2 HARUTHMIA	
		cause (a) stating the <u>under</u> lying couse last.	DUE TO, OK A	AS A CONSEQUENCE OF			
		PART 2 OTHER SIGNIFICANT CONDITIONS C	(c)	THE HAY BELLTED TO THE YERMINAL OWER	CO CO CONOCIONO DI CINCINI IN DAL		
	1000	11 0 0-	SUR ION	I NOT REFUTED TO THE TERMINAL DISEAS	25 OK CONDITION GIVEN IN PAK	AT 1 (a)	
1	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITE	ION FOR WHICH OPERATION W	WAS PERFORMED?		20. AUTOPSY?
	TIFIC						YES NO
1	8	210 EXTERNAL CAUSE WAS	21b. TIME OF I	MONTH DAY YEAR	OW INJURY OCCURRED	D (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH P.M.	19			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF STREET, FACTO		OCATION STREET	CITY OR TOWN	COUNTY STATE
	-	WHILE NOT WHILE AT WORK					
1		220 I certify that I took charge	ge of the remains desc	ribed obove, held an Autop	psy , Inspection	n N Inquiry , and i	in my opinian
		death resulted from: Noture	rol couses .	Accide , Suicide	, Hamicide .	Undetermined manner .	
1		1 200	M D	10	TITLE (SPECIFY)		-1 1
4		ACTUAL SIGNATURE	1 wing	7	M.D	MEDICAL EXAMINER	DATE SIGNED 5/9/86
1		EXAMINER'S NAME	m. with	Late ma	1000	02 - 04 -15	ON OD BALTO
1		(TYPE OR PRINT)	IN TATE	TOTT IND.	ADDRESS 600		MO!
1		URIAL, CREMATION, REMOVAL 23		23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY 2 SLAT 22
1	_		5-23-86	KING	ISSO DATES	LANSDOWNE	MARYLAND
1	24 FU	UNERAL DIRECTOR	ADDRESS T	NC. 1101 E.NOR	250. DATE R	. O O	RAR'S SIGNATURE
1	VV.	MI. C. MAKUH FUNEK	KAL HUME I	NC. IIUI E.NUK	IH AVH. STORES	66 300	a Ladona . a E .



-06128		FOR STATE REGISTRAR			NT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1 3	6 7 3
9 0000	1. DE	ORPRINT) ROSE	A	G	reen	AST	2ª DATE OF DEATH MON	7 8	26 6:20 P M
rector process	3 F	emak	Black		5. DATE C	F BIRTH A TEAR TEAR	6 AGE (IN YEARS LAST BIRTHDA' 74	YRS.	R 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN
deoth. P	М	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.		WIDOWE		BALTIMORE CITY OR CO	CITY,	MD.
rs offer d by the fu fined within		BALT IMORE	BON SE	COURS HO	PSIT	R OTHER INSTITUTION AL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) IND	oc. Sercuri
filled in hould be	,	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULT	The state of the s	residence before all CITY OR TOWN altimore		13d Inside City Limits? Yes 🖔 no 🗌			21217 pt. 1001
ompletely on a some control of the c		THER'S NAME Frank	Ridg			Matilda	WIDDIE	Brya	nt
be executed on ond comp rs. Poge 1 of		VAS DECEASED EVER IN U.S. AR (15 YES, GT NO	VE WAR OR DATES)	220-01-4		Candace Gre	een 127 N. Mor	nastery	Street
quires that the death certificate is signed by the attending physical frem please remove carbon paper to burial, are mattendion, or removal. Anjury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS	A CONSEQUEN A CONSEQUEN RIBUTING TO DE	ICE OF	NOT RELATED TO THE TERM	inal disease or conditk	ON GIVEN IN I	PARTIO
The law relation. It has been not permit. Splene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	N FOR WHICH O	PERATIO	N WAS PERFORMED			E FINDINGS USED CAUSES OF DEATH?
SICIAN ng phys certifico iriol-troi entol Hy	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	R) P.M.	MONTH DAY	YEAR 19	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR	PART 2)
NG Toth	MEC	WHILE NOT WHILE AT WORK		ACTORY, OFFICE, FAR	M ETC)	STREET	CITY OR TOWN	co	OUNTY STATE
A ATTEN haspital in IRECTOR: thed for usept; of He Hem 21 is		220.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE	5/1/	19 3		, , ,	death accurred on the date o		that (I) (we) last rom the causes stated
TO HOSPITAL OR A retained by the has TO FUNERAL DIRECT Should be detached with the State Dept.	270	224 PHYSICIAN'S NAME (TYPE OF	onits	122, 814	ME OF C	PHYSICIAN DE ADDRESS 220 ADDRESS EMETERY OR CREMATORY	DIRECTOR PHYSICIAN		> 7 5 0
BP		BURIAL	5/12/86			morial Park	Randallston		Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		neral director rch Funeral Hor	mes 1101 E	astyt Nor	th A	5.0.1	Y 9 1986	David	SIGNATURE LANGUE



1		STATE OF MARYLAND	1 -2 4 7 11
10-07615	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
pe pe	1. DECEASED NAME FIRST (TYPE OR PRINT) TOSEPH	GREENBLATT	20 DATE OF DEATH MONTH DAY YEAR 28. HOUR TO PM
ge 4 moy ector, pog rs after de	3 SEX ALE	RACE S. DATE OF BIRTH MONTH DAY VEAR O 2	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER T YEAR IF UNDER 24 HRS MONTH'S DAYS HOURS MIN.
nerol 72 l	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED XXX	9 BALTIMORE CITY OR COUNTY OF DEATH CITY MD.
- of the off	Ba to-	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (JE NOT IN SUCH FACILITY, GIVE STREET ADDRES)	1201 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 1100 KIND OF BUSINESS OR INDUSTRY NONE
AND 21:	USUAL RESIDENCE (IF NURSING HOME O 130, STATE	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? RESIDENCE SEED NO [130 STREET ADDRESS / ZIP CODE Lane 21215
MARYLA mpletely and 2 sh exonine	5 M UEL	Greenblatt 15 MOTHER'S MAIDEN NAME FIRST	UNKNOWN
execut execut ond (o Poges)	160, WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT HE 213–54–1879 9 W. MULBERRY	BREW BURTALS & SOC .SERV. SOC.
T., BALT	PART I. DEATH WAS CAUS	nly one cause per line for (o), (b), and (c).) ED BY: TE CAUSE (o) Castric Carcinoma W	Hepatic Metastases months
deo otte ove tron, or re oumotic e	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	1
DS, 201 W. PRESTON is quires that the dear signed by the attended hen please remove me to burial, cremation, or other troumatic	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
RDS, 20 equires 1 n signed Then ple r to burio		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART Train
he low re oo. hos been t permit. I	190 DATE OF OPERATION S'12, SCORENT WAS UNDERLYING [Carcinoma of Stomach	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
PHYSICIAN; TI PHYSICIAN; TI this certificore the buriol-tronsit of Memtol Hygi		ATH HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2)
DIVISION OF DING PHYSICI, or ottending p After this cert is os the buriol- oith and mento marked or item	OR CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTION	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
Do GOE	saw the deceased alive a	this attended the decessed from 19 , 19 86 , and that in (my) (cor) opinion or view the body offer death.	death occurred on the date and hour and from the causes stated
AL OR AT y the hosp AL DIRECT detoched for ore Dept. o	77E SIGNATORE	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN 222. DATE SIGNED 5 19 %
HOSPII bined by FUNER ould be th the St	SCHULTZ	MICHAEL & SUITE 14	relivedere Alle - 21215
BP	230. BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	MAY 22 1986 RAITIMODE HEDDEW	23d LOCATION CITY OF TOWN COUNTY STATE BALTIMORE MARYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)	24. FUNERAL DIRECTOR SOL L. 6010 REISTERSTON	EVINSON & BROS., INC. VN RD. BALTO. MD 21215	AY 23 1986 Julia Suidan Mada

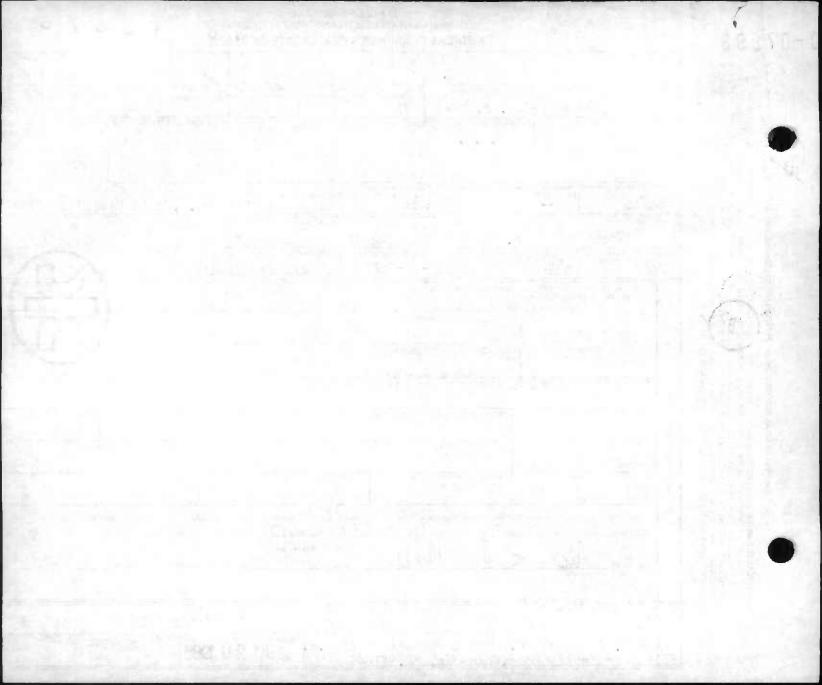


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH DECEASED NAME (TYPE OR PRINT) male 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER ! YEAR YEAR 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 126 KIND OF House wife INDUSTRY Chaeles NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS BALLIMERE 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MO ChARLOS ST. 14 FATHER'S NAME VIOLA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 28 MISSINA (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ronald UO 18 CAUSE OF DEATH (Enter only one cause per line for label PART I. DEATH WAS CAUSED BY: 2 weeks IMMEDIATE CAUSE (a) Conditions, if ony, which pave rise to immediate count int, stating the underlying couve last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED THE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO T YES | TIE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P AA 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) STREET al work 22a. I certify that (1) (this hospital) attended the deceased from tow the decemed alive on above, ill just indicate and that in (my) (our) opinion death occurred on the date and hour and fram the couses stated riew the bady after death. 221 SHORLATUR DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS Balto Med BURIAL CREMATION, REMOVAL 23b. DATE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

The The sales is not a summary this are The time that provide the to the



DHMH - 16 60M 7/84 (VRA 15, 4)

E.L. Phillips 1

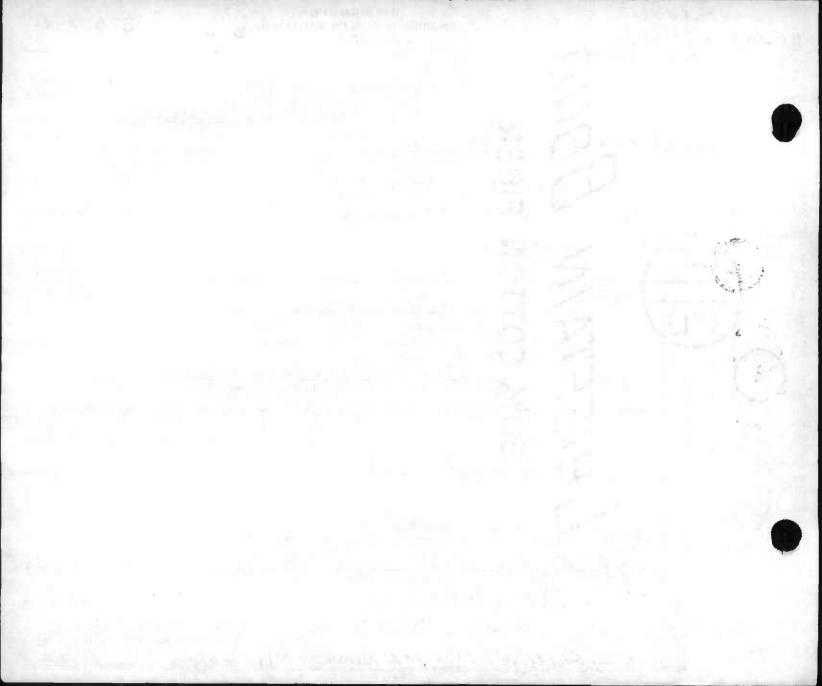
24 FUNERAL DIRECTOR

1721-27 N. MMMS

MAY 2 1 1000

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

midden Randall



requires that the death certificate be executed within 24 hours ofter

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

	REGISTRAR			CEKITI	ICATE OF DEATH	REG. NO						
	ECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH MO	NTH DAY	YEAR	2b. HOUR			
1	PE OR PRINT)	DAD	т	CD	EISER	5	77	XE	430 pm			
3. S		4 RACE	U.	5. DATE O		6 AGE (IN YEARS LAST BIRTHD)	AY) IF UN	DER I YEAR	IF UNDER 24 HRS			
	Male	White		027	721/91 YEAR	95	YRS.	HS DATS	HOURS MIN.			
70.	BIRTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	8	DXX NEVER MARRIED	9 BALTIMORE CITY OR C	9 BALTIMORE CITY OR COUNTY OF DEATH					
-	Maryland		S.A.	WIDOWI	ED DIVORCED	BALTIMORE C			MD			
1	BALTIMORE.	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET MEMORTAL	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO						
	UAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)								
	Md 136 CO	DUNTY	Baltimor		13d INSIDE CITY LIMITS?	136 STREET ADDRESS / ZI		e 212	211			
	FATHER'S NAME Joseph Greiser	MIDDLE	LAS1		15 MOTHER'S MAIDEN NA	MIDDLE	LAST					
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS						
	NO (YES, NO OR UNKNOWN) [IF YES,	GIVE WAR OR DATES]	212 09 1	106	Mildred Gre	iser	same		1			
	18 CAUSE OF DEATH Enter	only one couse per	line for (a), (b), and	dicel				BETWEEN	IMATE INTERVAL ONSET AND DEATH			
	PART I. DEATH WAS CAU	ISED BY: IATE CAUSE (0)	CARDIA	CA	nnost			7				
	MANAGE		0000000						17 (2.17%)			
	C 100 17 100	DUE TO, O	R AS A CONSEQUE	NCE OF								
	Conditions, if any, which gove rise to immediate	(p)_										
	couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF								
	underlying cause last.	((c)										
z	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ontributing to D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ION GIVEN I	N PART 110	0			
15	19a DATE OF OPERATION	TIRL COND	ITION FOR WALLOU	ODERATIO	DEPENDENCE.	Too AUTODOVS Too	DE UP VEC VAVE	DE EN LON	LOC VICEO			
CERTIFICATION	190 DATE OF OPERATION	TYB. COND	IIION FOR WHICH	OPERATIO	N WAS PERFORMED	II.	NO LIFYES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
EF	21g. ACCIDENT WAS UNDERLYING	21b. TIME C	VE INTITION		121, HOW INDEX OCCUP	YES NO	YES [NO [
	OR CONTRIBUTING CAUSE OF	1100.00	M. MONTH DA	YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I	OR PART 2)				
CA	(IF EITHER NOTIFY MEDICAL EXAMI		M.	19	Link and the second	,						
MEDICAL	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE F.	ARM ETC)	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE			
	AT WORK AI WORK			· a	126 10 86	214		5				
	220.1 certify that (1) this has sow the deceased alive above, (In we to a (did	on 51	19.5		, 19	death accurred on the date			that (IX we last causes stated			
	22b. SIGNATURE		orrer dearn.		DEGREE			22c. DATE				
	Daved	5 Du			ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	VZ	517	7181			
1	22d. PHYSICIAN'S NAME (TYP	PE OR PRINT)			22e ADDRESS				-1-			
	Davids	NO C.	~		2018,0	MIUENSITY PK	cmy					
23a	BURIAL, CREMATION, REMOV	AL 23b DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION		UNTY	STATE			
	Burial	05/10)/86 Mc	st H	olv Redeemer	Baltimore.	Marvl		SIAIE			
24	FUNERAL DIRECTOR				25a DA	TE REC'D. BY REGISTRAR 256.			DRESON			
	Burgee-Henss Fi	uneral Ho	me 3631° F	alls	Rd 21211	AY 9 1986 L	ハルショマー かるい	San Bank	6.			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal. IMPORTANT. If Hem 21 is marked or Hem 18 shaws any injury, ar other traumatic event, the

OR ATTENDING PHYSICIAN: The law the hospital or attending physician.

etained by the haspital TO HOSPITAL

6 min	sed of glid	1-	FOR FEEL	1/8a+	729	DEPART	STATEMENT OF I		ARYLAN AND ME		YGIENE	4	1 3	6 /	1 9	
0-0	6981		REGISTRAR CEASED NAME	-17-80 FIRST	ecks N	EDICAL	EXAMIN	ER'S	ERTIFIC	ATEO		DATE KNO	EG NO	NIH DAY	YEAR I	2b HOUR
	ES. ES.	(TYI	PE OR PRINT)	(JANN	IE) JANI	E N	٧.	GR	IFFIN			OF EST DEATH MAT	J. 22		86	M
	DIRECTOR. OIR FILES. IP HOURS	3. SE	emale	Black	5 DATE OF BIRT	Y YEAR	6 AGE (IN YE)	ARS IF UN		IF UNDER		C. DATE RONOUNCED DEAD	MON	ITH DAY	YEAR	3:45
	3276571	7a. B	RTHPLACE (STA		7b. CITIZEN OF		J 54 YE	R	IED NEV	/ED AA ADDIS	9	BALTIMORE	CITY OR CO		286 L	PW
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	FLAY BE FREE		Baltimo				STREET ADDRESS)	, OR OTH	EK INSTITUT	ION /		OST OF WORKING LI	(FE)	HOsp	NDUSTRY	INE 33
1201	ANY DE COULD BY DE	13a S			OR OTHER INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSK Y OR TOWN I timore		13d. INSIDE CIT	NO []	13e. STREE	et ADDRESS 9 Glenw	nod Av	enue 2	1212	
MD. 3	T (NEW T)	14. F	ATHER'S NAME	1	WIDDIE	1 00	LAST		15 MOTHER	R'S MAIDEI		MIDDLE	000 A			
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MITIM	SATER SIVE PA TH RO MAGES VISION	[Y	ES NO OR UNKNOWN	(N) (IF YES, GIVE	WAR OR DATES)	100.50	CIAL SECURIT	T NO.			rnes	6985 M		Blvd.		
51.	HOUR NA 18. NE NI NE DI		18 CAUSE OF PART I DEA	TH WAS CAUSE	nly one couse per l D BY: TE CAUSE (o)	ine for (o), (b	0), ond (c).)	1100	Path	,				APPRI BETWEE	OXIMATE IN N ONSET A	ND DEATH
/s	NE CARON	1	Conditions	, if ony, which	DUE TO,	OR AS A COM	NSEQUENCE (OF /	1				- 6			
1	TRAN OR PR		gove rise	to immediate	(b)	OR AS A COM	NSEQUENCE (OF.		-						
05,20	WID BE EXECUTED "PENDING" III EF MEDICAL EXISED AS A BURIAL HEALTH AND ME AL, CREMATION,				(c)	TN BUT NOT REL	ATEO TO THE TERM	INAL DISEAS	OR CONDITION	CIVEN IN PAR	The					
ECOR	ASA E	NOI						mac vijensi	. ok conomion	OTTEN IN THE						
TALR	HOULD HEF A USED OF HE	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUT	_	No 🗆		
DIVISION OF VITAL RECORDS.	ATE S F WO THE C LD BE WENT	_	210. EXTERNAL UNDERLYING		HOUR A	OF INJURY	DAY YEAR	21c. Ho	OW INJURY (OCCURRED) (ENTER NA	TURE OF INJURY IN	ITEM 18 PART 1 C		X	NO 🗌
DIVISIO	THIS CERTIFIC WARDED TO PAGE 3 SHOU TATE DEPART 21201 PRIOR	MEDICAL	214 INJURY OF WHILE AT WORK	CURRED	21e PLAC	E OF INJURY ACTORY, FARM, E	(AT HOME,		CATION			CITY OR TOWN		COUNTY		STATE
	HICATE, E FORW TOR: PATHE ST TAND, 2		220. I certify		ge of the remains a	described obe		Autop	sy X.	Inspection		Inquiry ,	ond in m	y opinion		
	UTE THE CERTIFICATE. 4 SHOULD BE FOR JUNEAL DIRECTOR: 8 SECORY, MITH THE SECORY, MORE, MARYLAND,	1	ACTUAL	AM	200	Accident			TITLE (SP	PECIFY)			D/	ATE = 4	6.06	
	EDICAL E) JTE THE CE A SHOUL INERAL D R DEATH, V MORE, MV		SIGNATURE_	IAME 7mm	M Diver	MD		M	.D. <u>.ASS1</u>			AL EXAMINER	SIG	GNED_5=1	6-86	
	TO ME EXECUT PAGE ATTER	73o.B	(TYPE OR PRIN	ON, REMOVAL	M. Dixor		NAME OF CEA		ADDRESS		Penn 1234 Loc	St., Ba	ilto.,	MD 21	.201	
07/84 25M	BP 144	(:	BURIAL		5/19/86		d. Nati		Mem P	k.	Laui	reT,		Md.	STAT	E
2,3141	DHMH - 17 (VR A15 ME (5))		Arch Fu		omes 1101	East	North	Aven	ue	MAY		1986		R'S SIGNATUR		

The state of the state of the state of

0-057

	STATE	OF M	ARYL	AND	
DEPARTMENT	OFH	EALTH	AND	MENTAL	HYGIEN

	REGISTRAR				CEKITI	ICATE OF DEATH		REG. NO.					
	CEASED NAME	FIRST		AIDDLE	l	AST	20 DATE	DE DEATH MONTH	DAY YEAR	2b. HOUR			
		ephin	e E	thel	Gri	ffith		May 3,	1986	M			
3. SE	X		4 RACE		5. DATE C		6 AGE IN	YEARS LAST BIRTHDAY)	MONTHS BAYS				
Fе	male		White		7	14 1902		83 yrs		HOURS MIN.			
	RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIM	9 BALTIMORE CITY OR COUNTY OF DEATH					
	st Virginia	a J	U.S.A.		WIDOWE			imore City	7	MD.			
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL				HOSPITAL, NURSIN		OR OTHER INSTITUTION		L OCCUPATION		OF BUSINESS OR			
Ba	ltimore					dical Center		oyee-Weste					
USU,	AL RESIDENCE (IF NURSE	IG HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	112. CTDEET	ADDRESS / ZIP CO	DE				
	ryland		imore	Dundalk		YES NO X		Belclare		21222			
14. F.A	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN N	AME						
50	seph	, '	MIDDLE	Smertne	ck	Susan		WIDDIE		Sons			
169, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL					RITY NO.	17 INFORMANT		ADDRESS 311		ow Road			
NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			214-22-2	570	Ethel G. Ro	the		to., MD					
	Canditions, if any, gove rise to imm cause (o), stating underlying cause	which ediate the last	DUE TO, OI (b) DUE TO, OI (c)	RAS A CONSEQUE	NCE OF	rdioc 1	Ori	est		NXMATÉ INTERVAL N ONSET AND DÉATH			
NOI	C C)	SI	ONDITIONS CO	DATRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEA	ise or condition (GIVEN IN PART	Ira			
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF IN)									YES, WERE FIND TIFYING CAUSE YES []				
MEDICAL CER	210. ACCIDENT WAS UNDE OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC.	AUSE OF DEA	P.,	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER	NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 7)				
MED	21d. INJURY OCCURRI	IE []	21e. PLACE ((AT HOME, STR	OF INJURY EET FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE			
	22a.1 certify that (1) (. 8. 6	deceased fram_		d that is (my) (aux) apinior	, ta_	4/23	19 5	, that (I) (we) last			

ATTENDING MEDICAL PHYSICIAN DIRECTOR

230 BURIAL, CO (SPECIFY)
Burial 23b. DATE CREMATION, REMOVAL

5/6/1986

231 NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

DEGREE

Maryland

22c. DATE SIGNED

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

7922 Wise Avenue

abave, (1) (we) (did) (did nat) yiew

21222 Dundalk, Maryland

73d LOCATION
CITY OR TOWN

Baltimore Mary
EC'D BY REGISTRAR 73h REGISTRAR'S SIGNATURE 250 DATE REC'D.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If hem 21

and a first of

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PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND

			77.1
DEC	NIO		

00-	085	05	FOR STATE REGISTRAR		CERTIFICATE OF DEATH	
	moy be poge 3		1. DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE	Grines 5. Date of Birth	20 DATE OF DEATH MONTH DAY A 20 6. AGE (IN YEARS LAST BIRTHDAY)
4	h. Page 4	-27	70. 8IRTHPLACE (STATE OR COUNTRY)			9 BALTIMORE CITY OR COUNTY O
	eot ner		MD.	USA	WIDOWED DIVORCED	

OF DEATH

30min

STATE

126 KIND OF HULLINESS OR

26 HOUR

IF LINDER 24 HR

NAME OF HOSPITAL, NURSING HOME OR OTHER INST USUAL RESIDENCE 130. STATE MD

LABOR

120 USUAL OCCUPATION

TYPE OF WORK FOR MOST OF WORKING LIFE!

MIDDLE

P-LANT HEIGHTS AVE

14 FATHER'S NAME

IS MOTHER'S MAIDEN NAME 17 INFORMANT

NO

ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 4h KHOWN

CITY OR TOWN OF DEATH

(IF YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic

IMMEDIATE CAUSE (o

MIDDLE

BERNARD WANTZ 312 GORSUCH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

PART I. DEATH WAS CAUSED BY.

ONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

YES /

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [YES [

CERTIFICATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21e. PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)

MEDICAL

NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from

23b. DATE

21f LOCATION CITY OR TOWN STREET

ATTENDING

COUNTY

sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated glapve, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE

22d.

PHYSICIAN 22e ADDRESS

STAFF DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL (SPECIFY

WHILE

23c. NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

BALTIMORE BALTIMORE

22c DATE SIGNED

BURTAL WOODLAWN_CEMETERY PRITTS FUNERAL HOME WESTMINSTER.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR 0 BP

DHMH - 16 50M 1/81 (VRA 15, 4)

10

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RESULT OF HAMPER OF THE PROPERTY OF THE PROPER Female calcusion 1-12-68 BALLHIMLER - FVA MERCENTER OFFI 818-Frank Emily Emily Extense MATERIAL OF THE HEALTH SIZE AT MATERIAL ASSESSMENT OF THE STREET AND ASSESSMENT OF THE STREET

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			IE OF MAKYLAND		- 0 0
00 000 018538	FOR STATE		HEALTH AND MENTAL HY	GIENE 8 6	3082
00000000000	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Fig. 5 be the death	Lid	a May (2	Cimm	.5	28 86 1/58 pm
a a a	3 SEX	4 RACE S DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rector. pag	Comple	MON.		0.0	MONTHS DAYS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN	Laucasian 6	1 1891	7 SS YRS	
A 22 ho	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8	ED NEVER MARRIED	BALTIMORE CITY OR COUN	
2 2 2 2 2 2	Md.	U. S. A. WIDOW	PEDICK DIVORCED	Baltimore Ci	ty MD
	10 CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
AMINER BY24 MED flee By24 MED flee stybuld be filed with referred by the fu	Balto.	St. Agnes Hospital		Housewife	INDOSTRI
XAMINE WBY24 MES WBY24 MES letely filled in b d 2 should be fill miner must be a	USUAL RESIDENCE (IF NUTSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION			DE Balto., Md.
P Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	IV.	UNITY I3c. CITY OR TOWN	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	
3 X X 3 3 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	. Md .	Balto.	YESXX NO	4735 Dunkirk A	ve. #21229
X X 3 DTE	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
E LI CO LE CALL	Dennis	Palmer	Mary	E.	Disffenda
dico.	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT 7844	Elizabeth Rd	- Pasadena. Md.
ж ш Ф ag ag	(1ES, 140 OK 014K10V14) (# 1ES, 1	216-32-1709D	Mrs. L. Anita		#21122
ALTI George Services	18 CAUSE OF DEATH (Foto)	anly one cause per line for 101, (b), and (c)	1112.00		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
BY	PART I. DEATH WAS CAU		NALLITIC ALM	BRONCHO PREUMON	SETWEEN ONSET AND DEATH
Z E E S S S S S S S S S S S S S S S S S	3 0 8 7 IMMEDI	ATE CAUSE 10)	NCHIIS MOU.	WE WOULD THE THE STATE	AM
	000	DUE TO, OR AS A CONSEQUENCE OF			
OVAL COGENT	Canditians, if any, which gave rise to immediate	(b)			
- OE 498 5	cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
B P P P P P P P P P P P P P P P P P P P	underlying cause last.	(10)			
00 - 40	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION O	SIVEN IN PART I I a
The to	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	- FRACTURE OF	- THORACIN	SPINE	
ON O	4 190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
ws compensed was a second	1 € 1				TIFYING CAUSES OF DEATH?
N. Th. N. Th. Incomplete Incomple	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	121c HOW IN ILLRY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM TO	E
P N I I B I B I		DEATH HOUR A.M. MONTH DAY YEAR			
EASE HYSICIA HYSICIA HYSICIA HYSICIA HIS certifi Burial-th Surial-th	IF EITHER NOTIFY MEDICAL EXAMIN	0.001		ollapsed in bath	iroom
= W + c - c /	OR CONTRIBUTING IX CAUSE OF E (IF EITHER NOTIFY MEDICALEXAMIN 21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
PELE NDING PH NDING PH NS or other NS After th Use as the I Tealth and	AT WORK AT WORK	bathroom	4735 Dunkir	k Ave., Balto. (Ciyt, Md.
DIN ENDING	220 1 certify that III (this has	pital) attended the deceased fram	Py 28 19 86	01 n May 29	19 6 that pt (we) last
E 5 0 5 C	saw the deceased alive	an May 29 19 36	and that in (my) i- painion	group of the date and h	our and from the course stated
OR ATTER The haspital DIRECTOR Dept. of H	22b. SIGNATURE	view the bady after death.	DEGREE	4 //	AZIL DATE SIGNED
F Doch	R. J. Mr	not N	CENTIFICATION AT	PROXES BY MEDICAL EXAMINES	
HOSPITAL ned by the FUNERAL IN State Control of the	22d. PHYSICIAN'S NAME (TYP	/U/Van	22e ADDRESS	MARKECTOR PHYSICIAN P	
HOSPIT	220 PHYSICIAN'S NAME (TYP	T 21	THE ADDRESS		
TO HOSPITAL TO FUNERAL should be de. with the Stork	WERT !	- ILLOKTON			
7 5 ± 2 3 ₹	23a. BURIAL, CREMATION, REMOVA		CEMETERY OR CREMATORY	23d LOCATION	
BP	Burial	June 2,1986 Meadown	idge Mem.Pk.C	em. Ho	oward Md.
	24. FUNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256. REGI	
DHMH - 16 60M 7/84 (VRA 15, 4)	G. TRUMAN S	CHWAR PIKE - 7	1 / 4 / 1 / 1 / 1	JN 5 1986	1 Production Courses
(400 10, 3)	3. 110. 1110	TILL T	-11	011 0 111	

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05869	1 -	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	1 3 6 8 3
£ 4		CEASED NAME FIRST OR PRINT! Frederic	k 0.	Gross	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 3 86 9:57
page 3 r deoth	s SEX		14 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
1		Male	Black	MONTH / 3/04	8/ YRS	MONTHS DAYS HOURS MIN.
Tool of the second of the seco		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	
be filed with		TY OR TOWN OF DEATH Balto.	11. NAME OF HOSPITAL, NUE (IF NOT IN SUCH FACILITY, GIVE ST 2413 Woodbr	RSING HOME OR OTHER INSTITUTION REET ADDRESS) OOK Avenue	12a USUAL OCCUPATION (TYPE OF WORK FOR TOT OF WORKING	12b. KIND OF BUSINESS OF INDUSTRY
ellie de la	13a. S	AL RESIDENCE HE NURSING HOME COL TATE 136 COL			130 STREET ADDRESS / ZIP CO 2413 Woodbroo	ok AVenue 21217
on of 2 sh	14 FA	THER'S NAME Luellen	MIDDLE Gross	15 MÖTHER'S MAIDEN N L İ za	AME MIDDLE	. Reeder
iding physician and con carbon popers. Pages or removal.	N	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b) SED BY: ATE CAUSE (b)	to myseur	ick Wimbush 1308	G Street N.E.
ned by the otter please remove urial, cremation,	7	Conditions, if any, which gove rise to immediate couse iol, stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF	minal disease or condition (YEARS GIVEN IN PART NO
nos been permit ne priori ws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20α AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED THEYING SES OF DEATH?
the buriol-transit per this certificate has the buriol-transit per and Mental Hygiene ked or Hem 18 shows	MEDICAL CER	216. ACCURET WAS UND THE CONTROL OF CONTROL	21e PLACE OF THURY	DAY YEAR 19 216 HOW INJURY OCCU	RBFO (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART ?) COUNTY STATE
Spital or of CTOR: Africation of for use os to Health			612	9 DD , and that in (my) (our) apinion	O, to n death occurred on the date and h	
eroined by the hoss TO FUNERAL DIRECTOR Should be detached with the Stote Dept. MPORTANT: If them		226. SIGNATURE	Slewart	DEGREE ATTENDING PHYSICIAN 127e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	5/5/86
		1) \4/	CTELLIAN	17 111 27 1	· MAD - IL	14//

DHMH - 16 60M 7/B4 (VRA 15, 4)

24. FUNERAL DIRECTOR Wm C March F/H EAST 1101 East North Ave.

5/8/86

23b DATE

23a BURIAL, CREMATION, REMOVAL

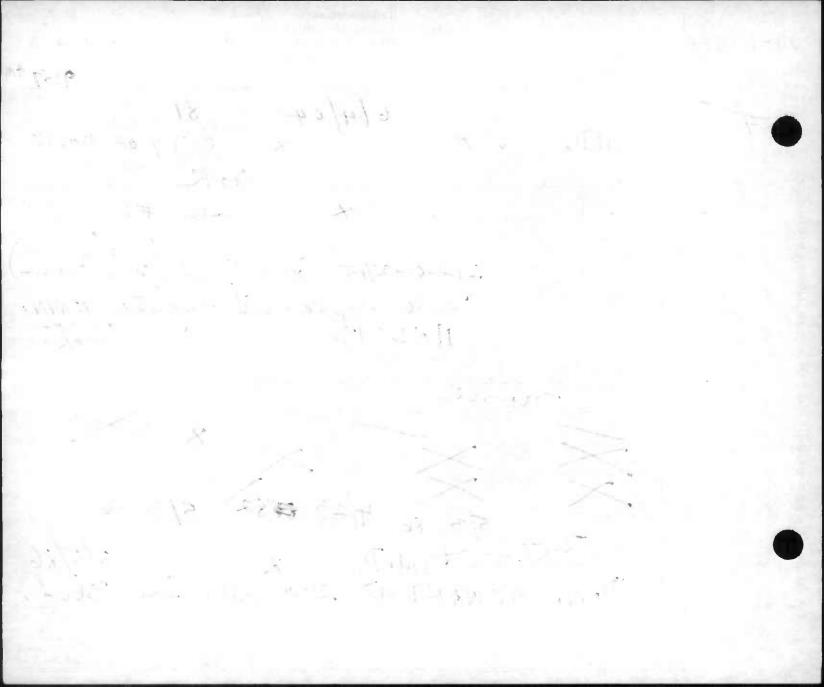
Burial

Randalistown King MEmorial Park

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Md.

COUNTY



BP DHMH - 16 50M 4/83 (VRA 15, 4)

0

23a. BURIAL, CREMATION, REMOVAL

REISTERSTOWN RD.

ISPEC BURIAL

24. FUNERAL DIRECTOR

BALTO., M D

BRUS.,

23b. DATE

SOL LEVINSON &

MAY 23,1986

21215

23c. NAME OF CEMETERY OR CREMATORY

BNAI ISRAEL

250. DATE REC'D BY REGISTRAR 251. REGISTRAR'S GIGNATURE

BALTIMORE

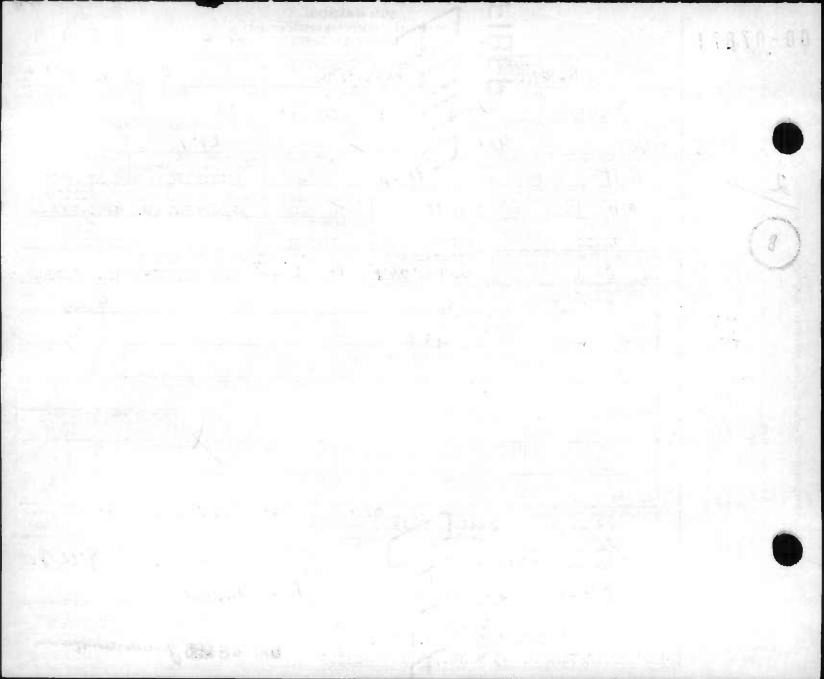
26 HOUR

IF UNDER 24 HRS

NO [

MARYLAND

STATE



00-07896

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR LIVEE OR PRINTS William May 24, 1986 6:40P Hackney Walden 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 4 RACE IF UNDER 24 HRS MONTH Jan. 13, 1905 White Male BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City Maryland WIDOWED D CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)
Maryland General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Ret.Inspector Lock Insulator SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13e STREET ADDRESS / ZIP CODE 136 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 1475 Stevenson St. Balto . Md . Baltimore laryland FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hackney "Grace MIDDLE Porter Frederick 16b SOCIAL SECURITY NO. ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 213-10-8645 Mrs.Clara E. Hackney, Same as above 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

Motostatic Metastatic Carcinoma of The Pancreas DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC) STREET AT WORK AT WORK May May 220.1 certify that XXthis hospital) attended the deceased from. May 24, saw the deceased alive on May 24, above, II (we) (old) II was view the body after death and that in (K) (our) apinion death occurred an the date and hour and from the causes stoted 22% STONATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) Kushner, M.D. c/O Maryland General Hospital

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR McCully Funeral Home, 130 E. Fort Ave. (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

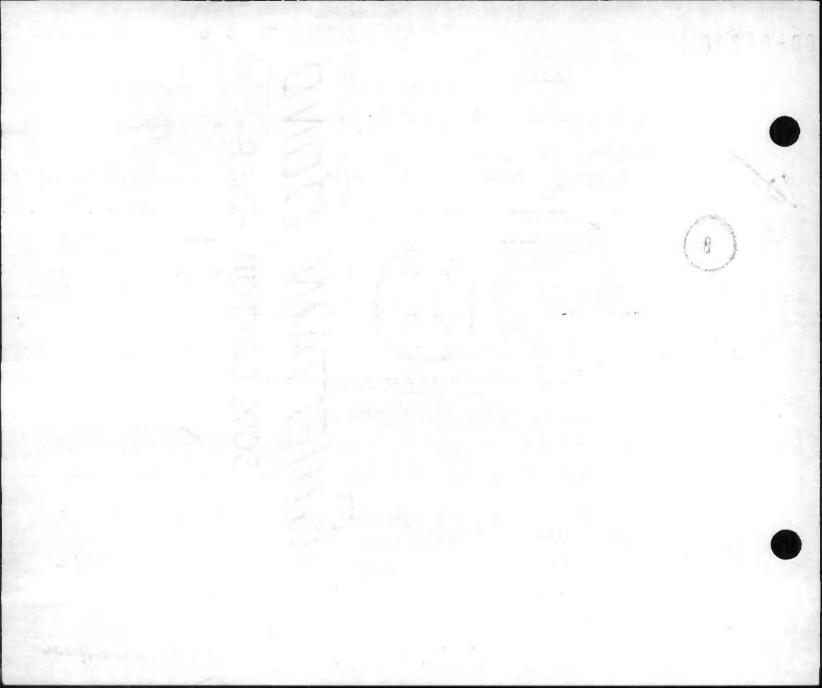
Burial

236. DATE

Balto .Md .21230

23c. NAME OF CEMETERY OR CREMATORY

Baltimore Marvland Loudon Park Cemt. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

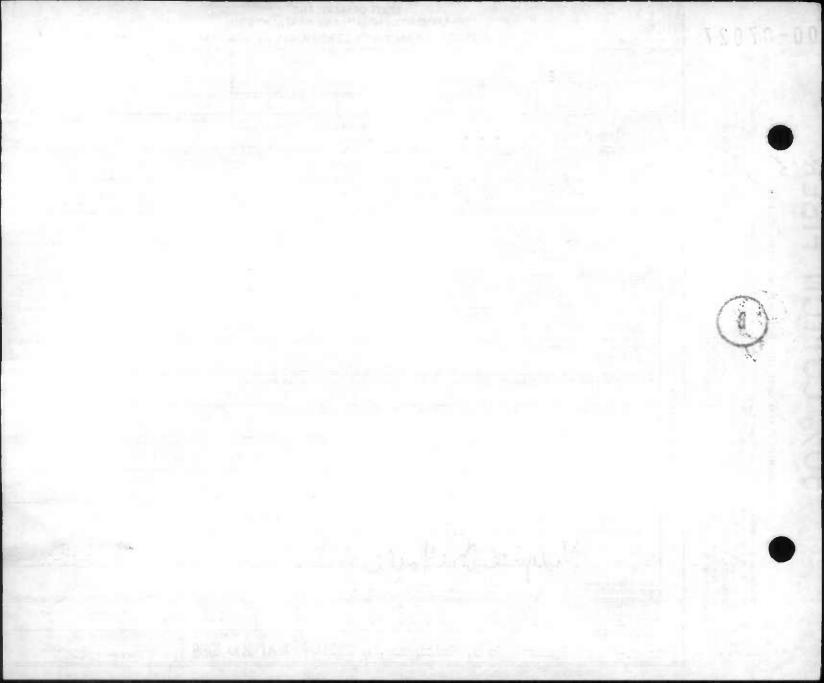


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN XX I. DECEASED NAME MONTH (TYPE OR PRINT) E FUNERAL DIRECTOR
E 5 FOR YOUR PILES
ED, WITHIN 72 HOURS
W PRESTON STREET GEORGE Clifton HADAWAY DEATH MATED Jr. 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 5-4-86 8:27P Male White DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED H. IF ANY DELAY IS NECESTA.2, AND 3 TO THE FUNER, M. 3. RETAIN PAGE 5 FOR 2, SHOULD BE FILED, WITH FOREIGN COUNTRY) Baltimore City Maryland 19. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore South Baltimore General Hospital FOR MOST OF WORKING LIFE)
Special Se Balto. Services USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) City Bal timore 30. STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Ave. YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18, GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PART FOR UNRECTOR: PAGE 3 SHOULD BE USED AS A BURIEL. TRANSIT PERMIT. PAGES 1 AND 2 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BALTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. MIDDLE Broaders FIRST Hadaway Ceorge Anna 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN)
WYES 216-24-5749 Mary Lou Hadaway Same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOXIX YES 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN STEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK Inspection X 22s. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted fram: A Natural causes Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE __MEDICAL EXAMINER SIGNED 5 EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b, DATE 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Meadowridge Mem.Pk. Buria Howard 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Patansco **DHMH - 17** (VR A15 ME (5)) Homes Balto

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-07027 1 - STATE REGISTRAR 20 DATE KNOWN L DECEASED NAME 26 HOUR TYPE OR PRINT) E NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W PRESTON STREET, MARIE DEATH MATED 5-17-8619 ALECIA 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. 2d. HOUR JE UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED April 4, 1976 10 White DEAD Female 5-=17-869 6:30a 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X U.S.A. Pennsylvania WIDOWED DIVORCED Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Baltimore Union Memorial Hospital Student 3645 EIm Avenue 30 STATE 13d. INSIDE CITY LIMITS? 21211 Baltimore City Baltimore Maryland 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST Dunlap Christi Stephen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS 16h SOCIAL SECURITY NO SAme Stephen R. Hall 220 94 1536 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] DED TO THE CH 3 SHOULD BE L DEPARTMENT C 21a EXTERNAL CAUSE WAS 7 lb. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOO CAUSE OF DEATH \$ 40B M. 5-16-86 pedestrian struck by a vehicle 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) COUNTY WHILE AT WORK street 800blk. of 37th St. Baltimore, Maryland Inspection X TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND 22a. I certify that I took charge of the remains described above, held on and in my apinian Accident X death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL DATE 5-18-86 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 11 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 05/19/86 Gardens of Faith Baltimore, MaryTand 07/84 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE

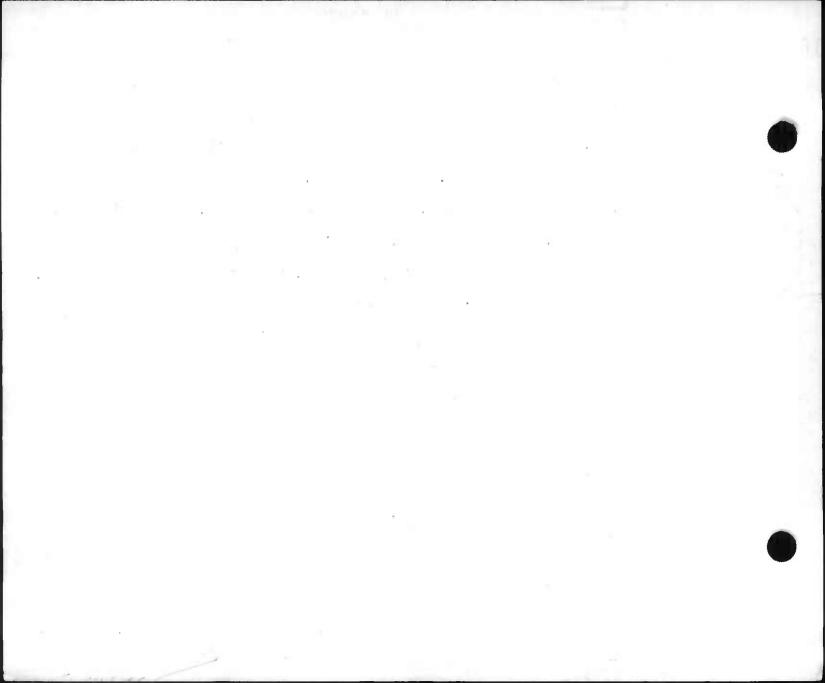
DHMH - 17 (VR A15 ME (5))

24. FUNERAL DIRECTOR Burgee-Henss Funeral Home, Baltimore, Md 21211



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t per		TIF		0					YES .	3_/	YES [CAUSES	NO [
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	,		saw the deceased alive or obove (1) (we) (did) (did no	athyrew the body after deat	19. gh	, on	d that we (my) (our)	opinion d	eath occurred	on the date and	hour and	from the o	ouses sto	ted
IRE hed ept			226 SIGNATURE			C					/	DATE	SIGNED,	
AL C Jetoo			DIP1100 4	Jolan	_						8	5/2	418	6
De Ste			224 PHYSICIAN'S NAME (TYPE C	DR PRINT)	A 47 3		22e ADDRESS	1.					1	
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F # 3 3	3	23a E	URIAL, CREMATION, REMOVAL	. 23b. DATE	23c. NA	ME OF C	METERY OR CREM	ATORY	23d. LOCATI	ON	COUNT	TY	STA	TE
P	.	l '	Entombment	5/27/86	Ar	butu	s Mem . Pa	ark			-		Mo	
HMH-16 20	M.	24. FI	JNERAL DIRECTOR	ADD	DRESS			250 DATE	REC'D. BY REC	ISTRAR 256. RE	GISTRAR'S	SIGNATI	IRE	
		Ch	atman-Harris	FH 1701 Mc	cCul.	loh	Street	ME/P	1 671	DD Jun	a mand	DOV-1/	a land	_
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lilled in by the current director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbanipapers. Pages 1 page 1 page 1 page 1 pages	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lilled in the time certal director, page 3 should be detached for use as the bural-transit permit. Then please remove carbonpapers. Page 1 and 2 should be liked within 72 hours ofter death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance.	10 FUNERAL DIRECTOR. After this certificate has been signed by the otherding physicion and completely tilled in by the rend director, page 3 should be detached for use as the buriol transit permit. Then please remove corbon pages. Page 1 pine 2 should be detached for use as the buriol transit permit. Then please remove corbon pages. Page 1 pine 2 should be littled in by the medical control of the detached for use as the buriol transit permit. Then please remove corbon pages. Page 1 pine 2 should be detached for use as the buriol transition of removing the medical carbon properties of pages. MEDICAL CERTIFICATION	The property of the property o	The property of the property o	The property of the property o	TO STATE REGISTRAR I DECEASED NAME FROM MODIE CATTIE AND THE PROPERTY OF MICH. TO STATE CATCORDED AND THE PROPERTY OF MICH.	The state of death of the state	TO STATE REGISTER REG	TO STATE STATE CONTINUED TO STATE OF DEATH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED NAME 1981 126 DATE OF DEATH 1. DECEASED NAME 1981 126 DATE OF DEATH 3. SEX CRACE SAME OF BIRTH MORNING TO WITH DAY 154 14 AGE (IN TAN MORNING TO WITH DAY 154 15 AGE (IN TA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. SERG. NO. CAPTIE ATTION 1. DOECEASED NAME 1. DO	TOR 1 STATE OF STATE	DEPARTMENT OF HAITH AND MENTAL NYGIENE CERTIFICATE OF DEATH RG NO. 1. SEX PRATECULAR RECORDS AND PRATECULAR DEPTH OF HEALTH AND MINITAL HYGIENE RECORD RE	



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4 moy be tor. page	3. SE	Fenale	4 RACE	5. DATE C		R	YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
th. Page 22 hours		RTHPLACE (STATE OR FOREIGN	BLACK 76. CITIZEN OF WHAT COUR	VTRY? 8 MARRIE	D NEVER MARRIEL	9 BALTIMO	RE CITY OR COUNT		
by the fune filed within and the distriction of the		TY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE NORTH CHAR)	STREET ADDRESS)	R OTHER INSTITUTIO	N 120 USUAL (TYPE OF WOR	IMORE CITY OCCUPATION IN FOR MOST OF WORKING PLOYED	12b. KIND O	MD OF BUSINESS OR
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nond complet Poges on medical exam		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	SECURITY NO. 4-6012	17. INFORMANT	VESOME 31	ADDRESS 1 E. 28TH	- IST. (21218)
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no. hou been y permit. The prior to cove only min.	CERTIFICATION	LEFT PLUI	196 CONDITION FOR V		N WAS PERFORMED	200 AUTO	IN CERT	ES, WERE FINDIN	NGS USED OF DEATH?
a physical p		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	H DAY YEAR	_	CCURRED (ENTER N.	ature of injury in Item 18	PART OR PART 2)	ur)
ortendor ter this is the bu- h and M rhed or	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OF TOWN	COUNTY	STATE
NATENDIN hospital or HRECTOR, At hed for use o rept of Health		220. I certify that (I) (this hosp saw the deceased alive or abave, (I) (we) (did) (did no 22b. SIGNALUI	oitol) attended the deceased in 5 2 2 at 1 view the bady after deoth.	19 <u>86</u> , ar	od that in (my) (our) of DEGREE	pinian death occurre			
O HOSPITAL O		22d, PHYSICLE S NAME (TYPE)	ORPRINT)			charles	STAFF PHYSICIAN General	Hospit	*
BP		BURIAL, CREMATION, REMOVAL SPECIFY) URIAL	6/3/86		EMORIAL PA		ATION LTIMORE	COUNTY	MDTATE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR	ADI	ORESS		JUN 2	1986 Julian	STRAR'S SIGNAT	unders.
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DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

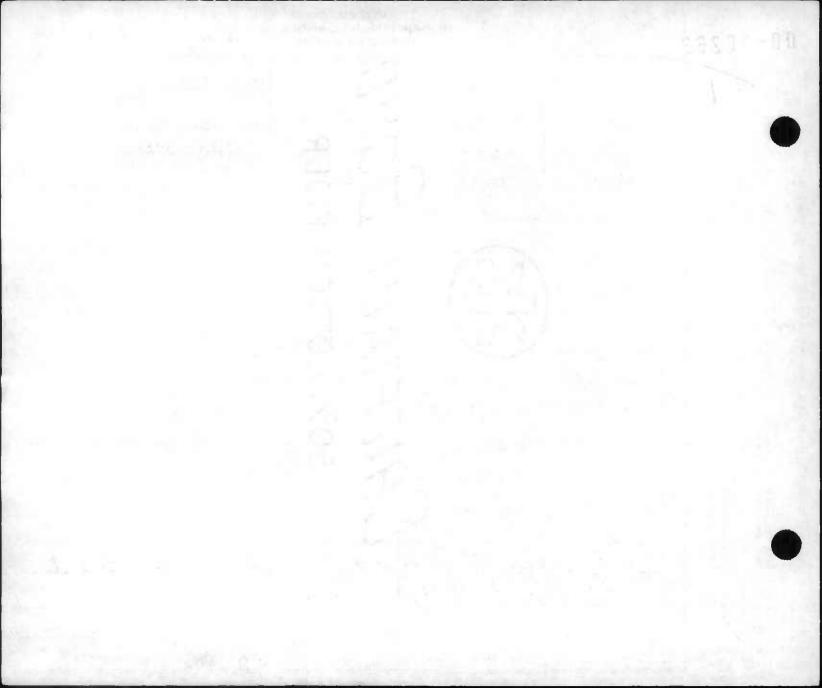
1	STATE REGISTRAR	DET AND		FICATE OF DEATH	REG. NO.	3071
	CEASED NAME FIRST	MIDDLE	153	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	CHARLES	s Ellsworth	HALLE	R MA Sr.	MAY 2 1986	11:43
1.58	X	4 RACE	5. DATE		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
11	Male	Caucasian	MONT	H DAY YEAR	84 YRS.	MONTHS DAYS MOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	37	9. BALTIMORE CITY OR COUNT	Y OF DEATH
F-3	country) arvland	TT C A		ED DIVORCED D	BALTIMORE CI	
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOW		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
4		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING L	
	BALTIMORE	THE JOHNS HOPKI		SPITAL	Welder	Paragon
130.	STATE 13b. COL	JNTY 13c. CITY OR TOV	VN		13e STREET ADDRESS / ZIP COD	
1	MD	Balto.		YES NO		t. 21230
14. F.	ATHER'S NAME	MIDDLE		15. MOTHER'S MAIDEN NAM		LAST
cons	Charles	William Halle	er	Catheri		Lanahan
16a.	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIAL SECT	JRITY NO.	17. INFORMANT	ADDRESS	
	No	215-10-	-6864	Violet M.	Haller Same	as #13
	18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b), or	nd ICA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
11/3	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) Card		nonary ares	+	1 hr
	IMMEDI			TO THOMAS		
7	6 100	DUE TO, OR AS A CONSEOU		Carleyan		32 hrs
	Conditions, if any, which gove rise to immediate	(b)	pirat	ory failure		02111
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU		5 days		
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7		CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART Tra
NOF		vascular diseo				
ZITHICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH				S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
	4/23 186	Peripheral Vo	rscule	ar disease	YES NOW Y	ES NO
GRE	210 ACCIDENT WAS UNDERLYING		AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
7 4	OR CONTRIBUTING CAUSE OF D	A AIR	19			
MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION	CITY OR TOWN	COUNTY STATE
×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM ETC)	SINEEL	CITI ON TOWN	
-	AT IT OM	pital) attended the deceased from	Spril' ~	116 19 86	May 2	19_86_, that (I) (we) los
	sow the deceased alive of	on April 2 19	8C .	nd that in (my) (our) opinion o	death accurred on the date and ho	
	22h SIGNIATURE			DEGREE		22¢. DATE SIGNED
	Clar >	5/3/80				
+			ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN S 220 ADDRESS OO NY TOTAL			
11	226. PHYSICIAN'S NAME (TYPE	. MD 21205				
	Alan M.	Yalhanda		Johns Hop.	WOLFE ST. BALTO	
23a	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c	NAME OF	CEMETERY OR CREMATORY	234 LOCATION	COUNTY CARE
	Burial	5-6-86 Ce	edar	Hill Cem.	Balto.	A A MD
	UNERAL DIRECTOR	0.55			E REC'D BY REGISTRAP 256 REGIS	TRAR'S SIGNATURE
4 N	ccully Funer	ral Homes Balt		AV 21225 M	1AY 6 1980 7000	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.					

0626	31	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	GIENE 8 5	136	5 9 2
		CEASED NAME (MS)		MIDDLE AGNE	S	AST	20. DATE OF DEATH	ONTH DAY YEAR	26 HOUR
1		Marti	na		Ham		May 6, 1986		8:56 PM
1	3.5	* 1925 25	# RACE		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAY	AR IF UNDER 24 HRS
4	7a. 3	Female		lack WHAT COUNTRY	2 8	23 13	73 9 BALTIMORE CITY OR	COUNTY OF DEATH	
17	1	South Carolina		S.A.	MARRIE	D NEVER MARRIED			445
9	10.0	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 126 KIND	O OF BUSINESS OR
1/8	1	Baltimore	M = 2011	CHEACILITY, GIVE STREET	7 TT	ospital	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	Υ
B		AL RESIDENCE IF NURSHIGHOUS STATE 128 COL	NALA NALA NALANANANANANANANANANANANANANA	136. CITY OR TO		13d INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS / 461 Oxford	ZIP CODE COurt 21	217
The same	14.5	ATHER'S NAME	MEDIA	LAST		15 MOTHER'S MAIDEN N	AME MIDDLE		LAST
500C		John		Briggs		Martha		Bro	nson
dico		WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SEC		17 INFORMANT	ADDRES		
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1 1		IMMEDIA	He	ours					
9 9				R AS A CONSEOL					
o to		Conditions, if any, which gave rise to immediate	(b)_4	Acute My	ocard1	al Infarction	2	D.	ay(s)
other		enuse to storing the underlying couse last.	1	R AS A CONSEOL	JENCE OF				
0.0		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART	lia
nium mium	NO	Diabetes Me							
oud and	CERTIFICATION	IN DATE OF OPERATION				N WAS PERFORMED		20b. IF YES, WERE FINE IN CERTIFYING CAUS	ES OF DEATH?
200	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	YES OR PART OR PART 2	NO []
119	1	OR CONTRIBUTING CAUSE OF D	EATH HOUR A	.M. MONTH					
ar Me	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	19	211 LOCATION			
hed	1	HILE NOT WHILE AT WORK	(AT HOME ST	REET FACTORY, OFFICE	FARM ETC)	STREET	CITY OR TOWN	4 COUNTY	STATE
teolit ma	1	22a. I certify that th (this has		ne deceased fram	May	5, 19-86	to	19.86	_, that X (we) last
5 5		saw the deceased alive a abave, or (we) (did) (May Note with the bady	ofter death.	86	nd that in XXX (aur) apiniai	death accurred on the date	e and hour and fram th	ne couses stated
Pept		226. SIGNATURE	9	211.		DEGREE	MEDICAL STATE	22c. DA	TE SIGNED
N. T.		10/10	how	150	27 6	O. ATTENDING PHYSICIAN	MEDICAL STAFF	NA 5	6/26
WPDRTA	1	22d. PHYSICIANS NAME (TYPE	B. B.	- HERA	,M.O.	27e ADDRESS	and General H	ospital	
7 3	230.	BURIAL, CREMATION, REMOVA	L 236 DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		STATE
		BURIAL	5/12,	/86 N	lount .	Auburn Cemete	ery Baltimore	, COUNTY Md	STATE
OM 7/84		UNERAL DIRECTOR		ADDRESS	MIZE		ATE REC'D. BY REGISTRAR 25	B REGISTRAR'S SIGN	ATURE
4)	M	arch Funeral Ho	mes 110:	1 East No	orth A	venue	MAY 9 1986	Gibia Bridge	-1-1



00-0861

STATE	OF MARYLAND
STATE	OF MARYLAND

	CERTIFICATE OF DEATH	REG. NO.	3 0	7 0
DLE	Hamildon	20. DATE OF DEATH MONTH	25/86	26 HOUR 7-384
	5. DATE OF BIRTH 6	. AGE (IN YEARS LAST BIRTHDAY	A CHOIL LAND	# CPVD\$# 2x Heb
	Aug. 08, 1895	90 VR5	MONTHS BAYE	HOURS I MUN

STATE

MD

1. DECEASED NAME FIRST	MIDDLE	Hamil-ton		20. DATE OF DEATH MONTH	-180	26 HOUR
3. SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY	CHOTTIVE	# LINDS# 24 HB
Female	Black	Aug. 08,	1895	90 VR5	PHINS DAYS	HOURS
TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED -	9 BALTIMORE CITY OR COUNTY	9	
Maryland	USA		DIVORCED [BALTIMORE	CITY	,
Baltimae City	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET North Charles	ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife		F BUSINESS C
SUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)		4		

13a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 4612 Talman Rd. Maryland Baltimore 21208 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Smith Rosa John Dennis Gross ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT No 4612 Talman Rd. Syree Hays 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

PART I. DEATH WAS CAUSED B IMMEDIATE C	AUSE (0) Cève brousseal	an Accident		
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) Avenose levo. DUE TO, OR AS A CONSEQUENCE OF	tic Cardisonja	le diseas	_
PART 2. OTHER SIGNIFICANT CON	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110
19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERA		N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER]	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART OR PART ?}
21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		

22a. I certify that (1) (1bs hospital) attended sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (V (we) (did) (did not) view the body after death DEGREE

May 31,1986 Youngs U.M. Chr. Cem. Huntingtown

Joanne fy	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
M. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS

17. Na12,	14.0.		North Charl	n ber litege	the
BURIAL, CREMATION, REMOVAL	236. DATE	230 NAME OF CE	METERY OR CREMATORY	23d LOCATION	

24 FUNERAL DIRECTOR Sewell Box 31 Pr. Fred. MD 20678 (VRA 15, 4)

Burial

DHMH - 16 60M 7/84

10 THE P. L.

Samera fre

All on the Will other week

Teacons I. Sewill Tou Il Te. Ivel. as formed at the series of the series

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1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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000 110					

	REGISTRAR		CERTIFI	CATE OF DEATH	RE	G. NO			
	1. DECEASED NAME FIRST	WIDDLE	LA	ST	20 DATE OF DEA		DAY YEAR	2b HOUR	
	WANIT	A V.	HA	AMLET		5 1	9 86	5:20P M	
	3 SEX	4. RACE	5 DATE O		6 AGE (IN YEARS L		IF UNDER I YEAR		
	FEMALE	WHITE		26 19 YEAR	66	1 1 7 3			
ľ,	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED	NEVER MARRIED	9 BALTIMORE C				
į	W. Virginia	U.S.A.	WIDOWE		Balti	more Ci		MD	
2	Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STR 4906 Stafford	Street		FE) INDUSTRY	12b. KIND OF BUSINESS OR INDUSTRY Restaurant			
-	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 13b COU Maryland		OWN 1	138. INSIDE CITY LIMIT	4906 Sta			21229	
	14. FATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN		DIE	L/	AST	
3	Albert	F. Puffe	nberger	Carr	ie	C.		Johnston	
	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE IVE WAR OR DATES) 212–18–		17 INFORMANT Barbara M	. Ringler 2	DDRESS 212 Harm	ison St	. 21223	
					TERMINAL DISEASE OR	CONDITION GR	VEN IN PART 1	10	
ì	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES IN OUT OU				
1	OD CONTRIBUTION CHIEF OF DE		DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE C	IF INJURY IN ITEM 18	PART I OR PART 2]		
	VALUE NOT WHILE AT WORK AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE	
	224.1 certify that (I) (this hosp sow the deceased alive a obove, (I) (we) (did) (dig/fs) 226.5 SIGNATURE	offeli entended the discount from 19 19 or when the foots the death.	J. one	d that in (my) (aur) apid ATTENDIN PHYSICIA 27e ADDRESS	MEDICAL DIRECTOR PI	STAFF		. that (I: (we) last e causes stated	
Į.	Heredia			413 Comm	onwealth Av	e.			
	23a BURIAL, CREMATION, REMOVAL	L 23b. DATE 23	NAME OF CE	METERY OR CREMATO	DRY 23d. LOCATION		COUNTY	STATE	

W. PRESTON ST., BALTIMOH DIVISION OF VITAL RECORDS, 201

> DHMH - 16 60M 7/84 (VRA 15, 4)

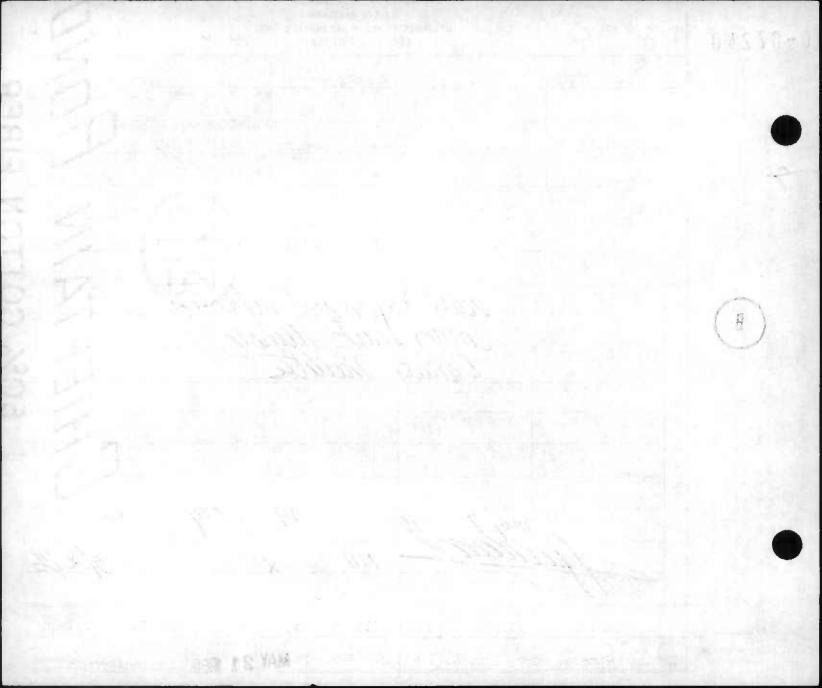
Burial 5/23/86

Cedar Hill Cemetery

Brooklyn Pk. A.A. Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

enviden handelle



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR REG NO KNOWN T L DECEASED NAME Craig OF Hammersla DEATH MATED 1086 Steven 4. RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IE LINDER 24 HRS 2d HOUR 2c. DATE PRONOUNCED White Male June 27,1968 DEAD 10 1986 2:30A 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Alabama U.S.A. Baltimore WIDOWED [B. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Student High School Baltimore University Hospital STU SUAL NE. Hartord 13d INSIDE CUTY LIMITS? 13. STATE LADOW Hitt Rd. 21087 M. FATHER'S NAME IS MOTHER'S MAIDEN NAME Russell MIDDLE Bransfield James Hammerslä Carol Ann 2412 WHitt Rd., Kingsville, Md. 21087 7 INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 215-74-4361 Edward Carter No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BURIAL - TRANSIT FERMIT AND MENTAL HYGIENE D VATION, OR REMOVAL BETWEEN ONSET AND DEATH Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUF TO, OR AS A CONSEQUENCE OF lying couse last. TO FEGURE THE CERTIFICATE. WRITING THE WORD. "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED SAS B BURIAL. RETER DEATH. "THE STATE DEPARTMENT OF HEALTH AND ME BALL MORE, MANNES." PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO TE 21g EXTERNAL CAUSE WAS 21h TIME OF INITIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 38 PART 3 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY 12:25 AM 5/1019 86 passenger in auto/fixed object impact 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED AT WORK D NOT WHILE WEET, FACTORY, FARM FTC 1 KarenDRive, Kingsville, Harford County, MD coadway Inspection XX ge of the remains described above held Autopsy death resulted Suicide Homicide . Undetermined manner Chief DATE May 10, 86 SIGNATURE EXAMINER'S NAM IoMn E. Smialek, M.D. 111 Penn Street, Baltimore, MD 21201 TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial WoodTawn, Basto. Maryland May 13,1986 Lorraine Park Cemetery 07/84 BP 250. DATE REC'O BY REGISTRAR, SIGNALIRE 24. FUNERAL DIRECTO DHMH - 17 Owings Mills, Maryland (VR A15 ME (5))

STATE OF MARYLAND

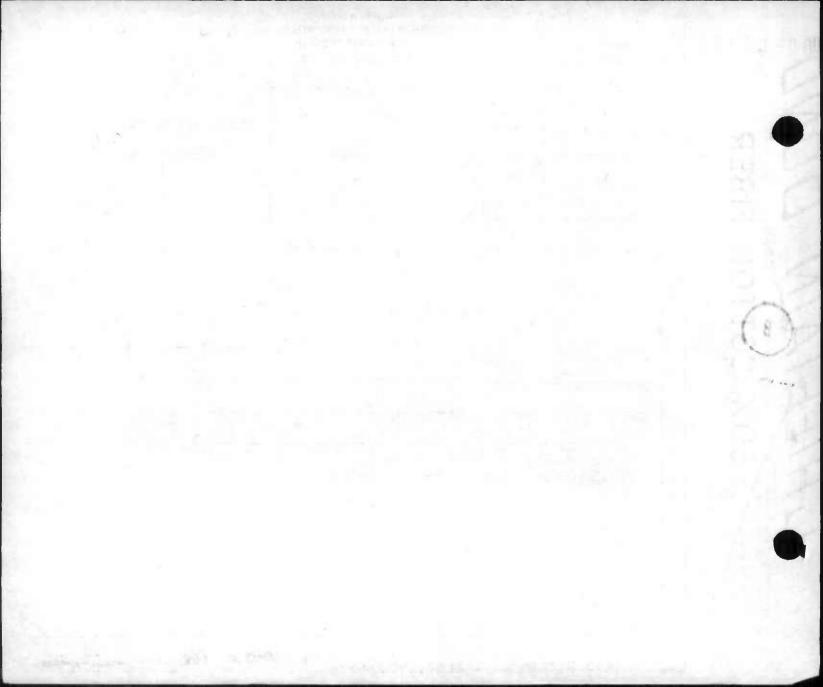
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6	- 1	3	0	1
REG. NO.				

-08362	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	SIENE 8 6	13090
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
age 3 death	LIAME	OR PRINT) EMMA	K. HANNA		5/30/86	915 PN
pag pag	1. SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER 1 YEAR IF UNDER 24 HRS.
cto cto		Female	White	04 72 YEAR 1891	95	MONTHS DAYS HOURS MIN.
Pog	FIL BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	1001		COUNTY OF DEATH
\$ NE 54		Maryland	U.S.A.	MARRIED NEVER MARRIED	BALTIMORE C	TON
9		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
		BALTIMORE	UNION MEMORIA OTHER INSTITUTION GIVE RESIDENCE BEFOR	L HOSPITAL	Ret. School	orking life industry of Teacher
24 hg	13a. S	TALE 13 BULL	timore Owings	Millbyes NO #	13e.STREET ADDRESS, Z	Blesant Hill Rd
if the state of th		THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		1057
ald m	1	Joshua	Hanna	Mary N. P	Leffer	1451
in and ca Page		VAS DECEASED EVER IN U.S. AR YES, NORUNKNOWN) (IF YES. GIV	MED FORCES? 16b. SOCIAL SECU E WAR OR DATES) 213-38	JRITYNO. 17 INFORMANT 2-5654 Stanley J	ADDRESS: 1. Hanna SI	10 Belfast Rd. parks Md. 2115
sicro pers oul.		18 CAUSE OF DEATH (Enter on	ly one couse per line for (0), (b), on D BY.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy npa may		PART I. DE ATH WAS CAUSE	ECAUSE (0) RESP	Arrest		
ding or re		nation in	DUE TO, OR AS A CONSEQU			
tten tten ve c ian,		Conditions, if any, which	((b) Prece			
he o emo emo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUI			
by t by t ose i, cre		underlying couse lost.	(c)	ENCE OF		
ned ple		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDIT	ION GIVEN IN PART 1:0
n sig	ATION	urosepsi	S, Decubitus	ulcer, Rena	i Insufficie	ncy
on. has been permit permit and prior	CERTIFICATI	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20	OB IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
sicional de la serie	SER	210 ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	FITEM IS PART I OR PART 2)
phy phy tot the tot th		OR CONTRIBUTING CAUSE OF DEA				
lySIG ding ding ss ce burid Men	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
offer the ost the orked of the	WE	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE F		CITY OR TOWN	COUNTY STATE
Leof Resignation	18	220.1 certify that (I (this hospi	tol) altended the deceased from _	5/23 19 86	10 5/30	, 19, that (li (we) list
Spirte Spirte CTO CTO CTO of I		obove (1) (we) (did) (did no	5/30 1) view the body ofter death.	86 , and that ip (my) (our) opinion	death accurred on the date	and hour and from the causes stated
No ho		226. SIGNATURE		DEGREE		22c. DATE SIGNED
AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D		rleanon	em ruert	PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	5/30/86
SPIT A PER		22d. PHYSICIAN'S NAME (TYPE C	R PRINT)	22e ADDRESS		
etoined by TO FUNERA should be downth the Sto	-4	ELEANOR M.	EBERT M.D.	INTON MEMO	RIAL HOSPITAL	
Of or	23o. E	SURIAL CREMATION REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		Burial	06-03-1986 R	eisterstown Met	hodist Roi	sterstown Md.
DHMH - 16 60M 7/84	24 FI	JNERAL DIRECTOR	11824 R	eisterstown REPAI	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
(VRA 15, 4)	8.	line Funeral	Home REister	eisterstown Rd. stown Md. 21136	JN 3 1986 9	wha wandow - 17



STATE OF MARYLAND

668,0		FOR STATE REGISTRAR		CERTIFICATE OF DEAT	TH REG. N		90
2= (3		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
depth		BEATI	RICE	HARRIS	MAY 13,	1986	2:55 a
ter	3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
		F	3	2 16	06 80	YRS	NOONS MAIN.
35	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	JED 🗆	re City	MC
48		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTI	ION 120 USUAL OCCUPAT		DE BUSINESS OR
10	USU	Baltimore AL RESIDENCE HE NURSING HOME	Maryland Gener				<i>*</i> ////
35		M 5		YES NO	15.8° MA	Holly St 2	,229
300	14. F/	THER'S NAME TOWN AVOV	MÍDDLE LAST	15 MOTHER'S MAI	16 Offen MIDDLE	LA	ST
medicol		VAS DECEASED EVER IN U.S. A	REMED FORCES? 16b. SOCIAL SECUR		4~ MASON S	is my Holl	ly ST
14		18 CAUSE OF DEATH (Enter of	anly ane cause per line for (a), (b), and				IMATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS CAUS	SED BY. CANCERAOL	S LOOP OF THE	SMATT BOWET.	GETWICH	OHSEI AND DERIN
1		IMMEDIA	ATE CAUSE (d)				
0.10		C 199 97 111	DUE TO, OR AS A CONSEQUE			2277	
tree tree	15	Conditions, if any, which gave rise to immediate	(b) 1611611106	.13			
		anusa ini sasaina aka	<				
5 4		couse (o), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF			
or other	1	underlying couse last	(c)				
a barial, cre	z	underlying couse last PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 11	a
or to barrial, cre y mjury, or other	NOIL	PART 2 OTHER SIGNIFICANT Parkinson's 1	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO TELEMENT Tran. Mellitus, Hyp	sischemic Attac ertension, Peri	ks pheral Vasul	ar Disea
s any injury, or other	ICATION	underlying couse last PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO TELEP. Tran. Mellitus, Hyp.	sischemic Attac ertension, Peri	DITION GIVEN IN PART 11 **KS **Pheral Vasul** 20b. If YES, WERE FIND IIN CERTIFY ING CAUSE:	ar Disea
S NO	RTIFICATION	PART 2 OTHER SIGNIFICANT Parkinson's 1 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO Disease, Diabetes 19b. CONDITION FOR WHICH (Mellitus, Hypoperation was performed	Sischemic Attacertension, Peri	Pheral Vasul 20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES X	ar Disea
R shows	CERTIFICATION	PART 2 OTHER SIGNIFICANT Parkinson's 1 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO D Disease, Diabetes 19b. CONDITION FOR WHICH (Mellitus, Hypi OPERATION WAS PERFORMED 11. HOW INJURY	sischemic Attac ertension, Peri	Pheral Vasul 20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES X	ar Disea NGS USED S OF DEATH?
8 shows		PART 2 OTHER SIGNIFICANT Parkinson's 1 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO D Disease, Diabetes 1%. CONDITION FOR WHICH (Mellitus, Hypi OPERATION WAS PERFORMED 11. HOW INJURY	Sischemic Attacertension, Peri	Pheral Vasul 20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES X	ar Disea NGS USED S OF DEATH?
shows		PART 2 OTHER SIGNIFICANT Parkinson's 1 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTING TO D Disease, Diabetes 19b. CONDITION FOR WHICH (21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY	Mellitus, Hypoperation was performed Y YEAR 19 21: LOCATION	Sischemic Attacertension, Peri	Pheral Vasul Tob. If YES, WERE FINDI IN CERTIFYING CAUSE YES WALLET TO PART 2)	ar Disea NGS USED S OF DEATH?
them 18 shows	MEDICAL CERTIFICATION	Underlying couse last PART 2 OTHER SIGNIFICANT Parkinson's 1 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	CONDITIONS CONTRIBUTING TO D Disease, Diabetes 19b. CONDITION FOR WHICH (21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Mellitus, Hypoperation was performed Y YEAR 19 21: LOCATION	Sischemic Attacertension, Peri	Pheral Vasul Tob. If YES, WERE FINDI IN CERTIFYING CAUSE YES WALLET TO PART 2)	ar Disea NGS USED S OF DEATH?
tem 18 shows		UNDERLYING COUSE Idst	CONDITIONS CONTRIBUTING TO D Disease, Diabetes 19b. CONDITION FOR WHICH (21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY [AT HOME. STREET, FACTORY, OFFICE FA	Mellitus, Hypoperation was performed Y YEAR 19 21: LOCATION	SISCHEMIC AFTACE OF THE STATE OF INJURE OF INJ	Pheral Vasul Tob. If YES, WERE FINDI IN CERTIFYING CAUSE YES WALLET TO PART 2)	AT DISEC NGS USED S OF DEATH? NO
fem 18 shows		Underlying couse last PART 2 OTHER SIGNIFICANT Parkinson's 1 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTHY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE ALWORK AI WORK 22a certify that \$\frac{1}{2}\$ (this has) saw the deceased alive or	CONDITIONS CONTRIBUTING TO D Disease, Diabetes 19b. CONDITION FOR WHICH (21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA pital) ottended the deceosed from May 13, 19	Mellitus, Hypo OPERATION WAS PERFORMED Y YEAR 19 216 HOW INJURY STREET May / 19	SISCHEMIC Attace ertension, Peril 200 AUTOPSY? YES XX NO SE OCCURRED (ENTER NATURE OF INJ	Pheral Vasul Tob. If YES, WERE FINDI IN CERTIFYING CAUSES YES IN INITEM 18 PART LOR PART 2) OWN COUNTY 3, 19 86	Ar Disector NGS USED S OF DEATH? NO STATE
frem 18 shows		Underlying couse last PART 2 OTHER SIGNIFICANT Parkinson's 1 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (15 ETHER NOTHY MEDICAL EXAMIN 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that 20 (this has saw the deceased alive or obove, the well did in the obove, the well did in the obove.	CONDITIONS CONTRIBUTING TO D Disease, Diabetes 19b. CONDITION FOR WHICH O 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE FA	Mellitus, Tran. Mellitus, Tran. Mellitus, Hyp. OPERATION WAS PERFORMED Y YEAR 19 211 LOCATION STREET May 7, 19 86, ond that in (18) (our)	SISCHEMIC AFTACE OF THE STATE OF INJURE OF INJ	Pheral Vasul 20b. If YES, WERE FINDI IN CERTIFYING CAUSE: YES OWN COUNTY 3, 19 86 ote and hour and from the	Ar Dise
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1 - STATE

STATE OF MARYLAND

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DA	ATE OF	DEATH	MON	TH	DAY	YEAR	2b. HOUR	
			05	19	86		1:54	M

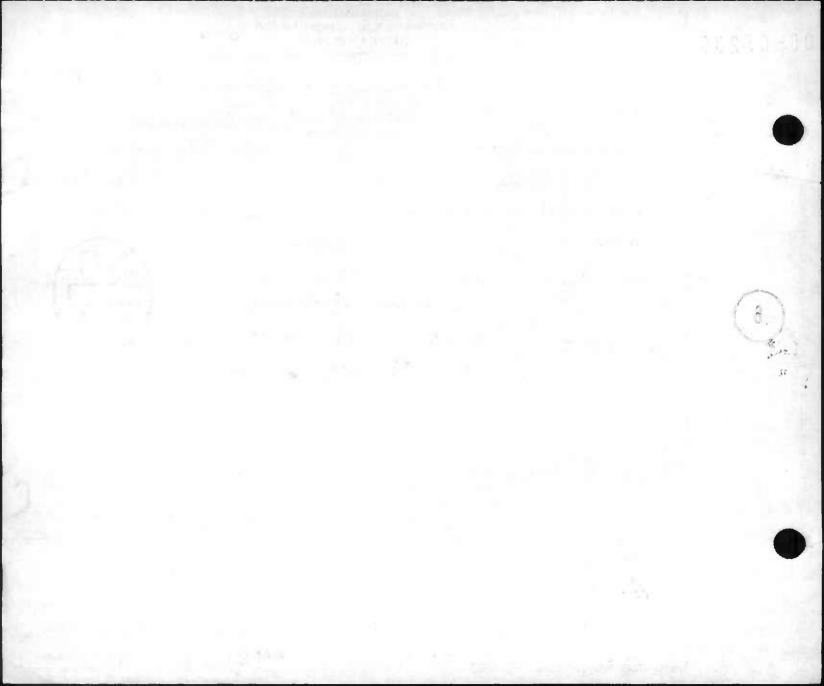
J	REGISTRAR			CERTIF	ICATE OF D	HIA		REG. NO	0.		
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?	Maryland	U.S.	Α.	WIDOWE		ORCED		Balti	more (City	MD.
7	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME C	OR OTHER INST	TUTION		AL OCCUPATION FOR MOST O	ON	12b. KIND	OF BUSINESS OR
1	Baltimore		Agnes Hos					et Met			tin-Marie
Z	ISUAL RESIDENCE (IF NURSING	COUNTY	GIVE RESIDENCE BEFORE		1134 INSIDE CI	Y HANTS?	113e STREE	T ADDRESS /	ZIP CODE		
1		Baltimore	Lansdow			NOX		Hazel			7
2	FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S	MAIDEN NA	ME	MIDDLE			AST
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)	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	IT.		ADDRE	SS	o bu	
4	NO		217-09-8	201	Helen	N. Ha	rris	110 H	azel Z		21227
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1	OR CONTRIBUTION COL	SE OF DEATH HOUR A.	DF INJURY .M. MONTH DA	Y YEAR	21c HOW INJ	URY OCCUR					
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I	230 BURIAL, CREMATION, RE				EMETERY OR C			CATION ITY OR TOWN		COUNTY	STATE
	Buria 24 FUNERAL DIRECTOR	al 5/22/8	do Me		idge Me			kridge			aryland
	14 PUNERAL DIRECTOR				21229	230. DA	IE KEC D. B	REGISTRAR	ZOD REGIST	KAR'S SIGNA	ATURE

DHMH - 16 60M 7/B4

(VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

MAY 21 1986 June standow Bandalle



0-08353	1-	STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	GIENE 8 0	13100
0 00000		CEASED NAME FIRST	WIDDLE	ŁAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
4 55	1	CLARENCE	E E.	HARRIS		5 30 86 3.441
ge 4 mos	2.58	× M.	back back	5 DATE OF BIRTH MONTH DAY YEAR 42	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR IF UNDER 24 HI MONTHS DAYS HOURS MI
Perul do		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTY		BALTIMORE CITY O	R COUNTY OF DEATH
J. X	1	Baltimore	(IF NOT INSUCH FACILITY, GIVE ST	RESING HOME OR OTHER INSTITUTION REET ADDRESS) HOSpital	120 USUAL OCCUPATI	ON 126. KIND OF BUSINESS (FWORKING LIFE) INDUSTRY
24 hours	13a S	AL RESIDENCE (IF NURSING YOME OR DE ATATE 138 COUN	TY 130 CITY OR T	more NO	130 STREET ADDRESS	ulsa Road 21
MARY TO TO)	Hmos	MIDDLE HOUR	ris Madeline	WIDDLE	Smith
HIMORE In and a Pages		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATES)	8-2744 Rosa L.	Hourris 34	17 Tulsa Road
ot w. PRESTON ST., 8 that the drath certifical by the attending physical common contoning and an emolytical common contoning to other countries.	1	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	D BY: E CAUSE (a) CARDI DUE TO, OR AS A CONSE (b) POSSIBLE DUE TO, OR AS A CONSE (c) POSSIBLE	OPULMONARY ARE OUENCE OF E ASPLICATION: L OUENCE OF E PHUMONARY EMBO	PNEUT	MONIA
DS. 1	18	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	minal disease or coni	DITION GIVEN IN PART 110
At RECO!	TIFICATI	90 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN 1 og physic certicots moli thyo frem 18 st	CAL CE	21g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PART 2)
NG PHYS NG PHYS of the burnth of an the burnth of the burn	MEDI	21d INJURY OCCURRED NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE FARM, ETC) 21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
TTENDS spital or CTOR, A for site of Health		22a.1 certify that (1) (this haspr saw the deceased alive an abave, (1) (we) (did) (did na	51301		ta 5 30	19 & , that (1) (we) I ate and haur and fram the causes stated
AL DRES		22b SIGNATURE SUL	olapi'	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	22c. DATE SIGNED 5/30/86.
MOSPIT PORTAL		PADMAJA U		GARWIN M	EDICAL CENTER	2 2300 GARRISON BL

DHMH - 16 60M 7/84

(VRA 15, 4)

GARWIN MEDICAL CENTER, 2300 GARRISON BLVD. 19ADMAJA UDAPI 23c NAME OF CEMETERY OR CREMATORY 236 DATE 230 BURIAL, CREMATION, REMOVAL ST Md Catonsville Cremation 6/2/86 Westview Memorial 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR March Funeral Home WEST 4300 Wabash Avenue

STATE OF MARYLAND

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19<u>86</u>, that (1) (we) last

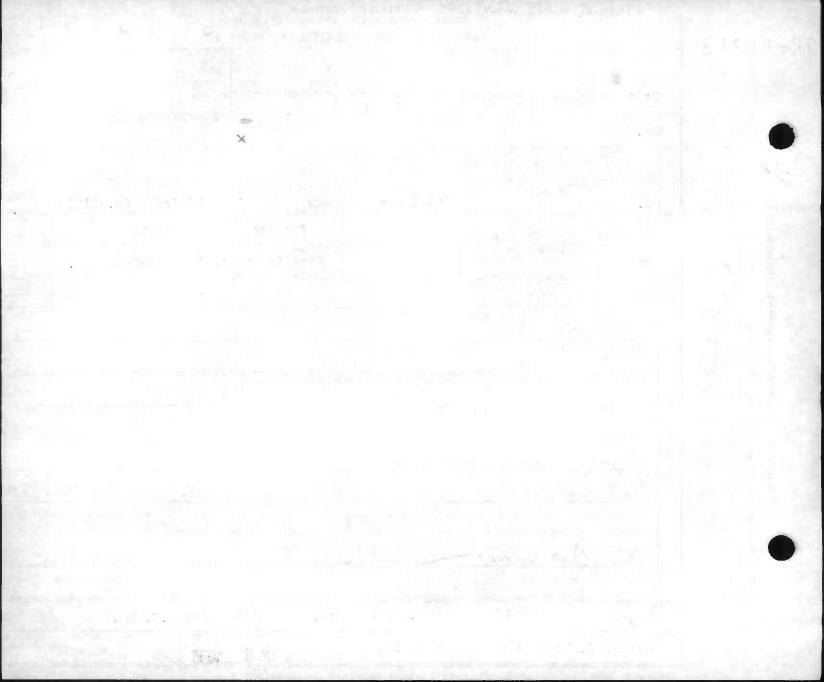
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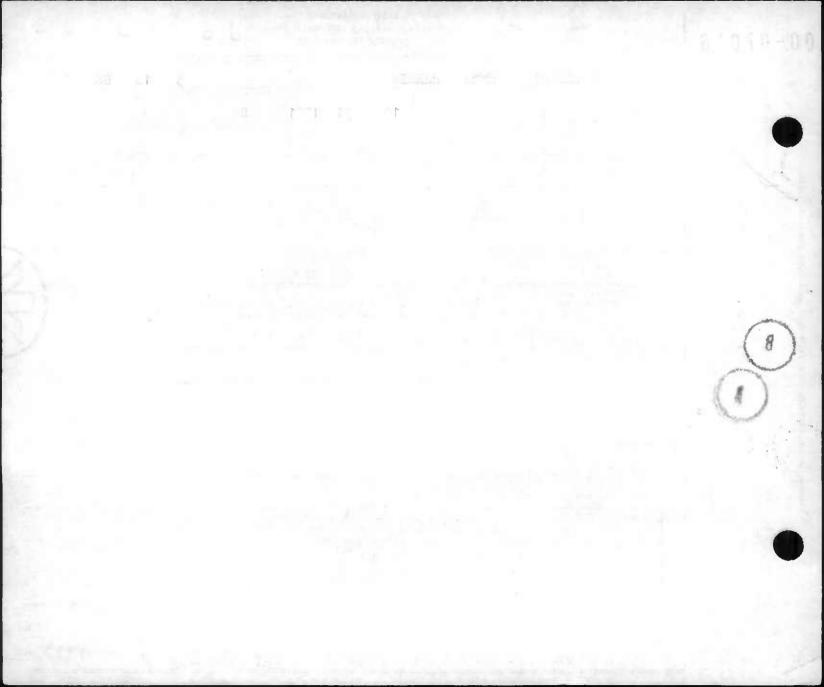
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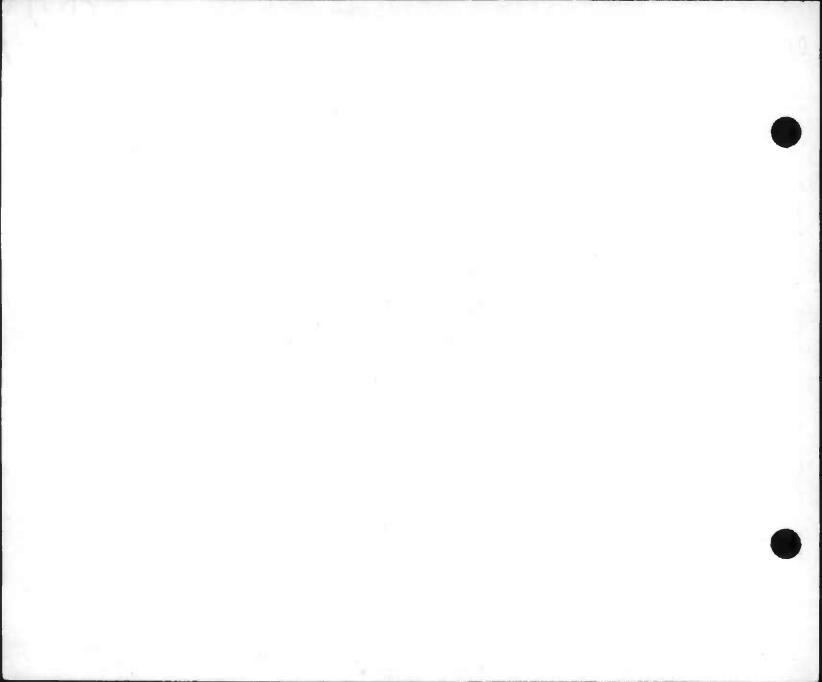
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	ET. C. C.		CEASED NAM PE OR PRINT)	GEORG	E	MIDDLE	HA	RRIS		DATE KNOWN? OF ESTI- EATH MATED	_	27-86	YEAR 9	26 HOUR
	RY, PLEADIRECTCOUR FILL 72 HOU	3. SE	X Male	Black	5. DATE OF BIRTH 10/10/5	5 YEAR 6. AGE (THDAY) MON	NDER 1 YR. IF UNDER		DATE NOUNCED DEAD	монтн 5-27	DAY	YEAR 1986	2d. HOUR 1:00/
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E'S FOR YOUR FILES. ED, WITHIN 72 HOURS W PRESTON STREET,	7a. 8	Man COUNTRY)	STATE OR	USA	AT COUNTRY?	8 MARE	TIED NEVER MARR	RIED	altimorecity altimore	_		EATH	MD
3/	XEDES!		ITY OR TOWN		(IF NOT IN SUCH FA	PITAL, NURSING HO	(55)	HER INSTITUTION		OCCUPATION (TO	YPE OF WORK	12b KINI OR 1	D OF BUS INDUSTR	SINESS
21201	F ANY DELA AND 3 TO RETAIN, PA HOULD BE R RECORDS,	USU 13a. S	AL RESIDENCE STATE Md.	(IF IN NURSING HOME	OR OTHER INSTITUTION, GIV		AISSION)	13d. INSIDE CITY LIMITS? YES IN O	13e STREET / 2053	ADDRESS Division	on St	. 212	217	
RE, MD.	EATH 3.	14. F	Fredd:		MIDDLE Harris	LAST		15. MOTHER'S MAID France		MDD	ris	1/	AST	
BALTIMORE		160.	WAS DECEASE	DEVER IN U.S. AR	MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU	JRITY NO.	TT. INFORMANT RFeddie	Harris	2053 Di		on St	=.	
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TAL REC	HOUD BE DOWN HER MEDIC USED AS A I OF HEALTH	CERTIFICATION	19a. DATE O	FOPERATION	19b. CONDIT	ION FOR WHICH C	PERATION V	AS PERFORMED?					TOPSY?	
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•	TO MEDICAL EXAMINEE THE EXECUTE THE CERTIFICATE WE PAGE 4 SHOULD BE FORWAR TO FUNEACION PAGA FER DEATH, WITH THE STATE BALTIMORE, MARTIAND 217	730 5	death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	NAME An	n M. Dixor		SuicideA	Homicide X. TITLE (SPECIFY) A.D. ASSISTANT ADDRESS 111	MEDICAL	examiner t., Balt		5-2 1201	27-86	
07/84 25AA	BP	1	Surial UNERAL DIREC	TION, REMOVAL	5731/86	Mt. A	uburn	Cem.	West	ört B.C			STA	TE
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noy be		CEASED NAME FIRST GERTRU		MMA		IAST		REG Ze. DATE OF DEATH		DAY YEAR 18 86	2b. HOUR
moy r. po	3. SE	X	4 RACE		5. DATE (YEAR	6 AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ecto		female	bla		10	30	1900	85	YRS		
		RTHPLACE (STATE OR FOREIGN Va	76 CITIZEN OF	А	MARRIE		MARRIED	Baltimorecit Baltim	ore ci	ity	WC
3/140	Ba	tyortown of DEATH 1timore	(IF NOT IN SU	CHEACILITY, GIV	OURSING HOME (ESTREET ADDRESS) HOSPItal	OR OTHER INS	STITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO Unemplo	ST OF WORKING	LIFE) 126 KIND O INDUSTRY	F BUSINESS OR
AND 213		AL RESIDENCE (IF NURSING HOME STATE 13b. COI	OR OTHER INSTITUTION JNTY	Balt	e before admission) R TOWN MORE	13d INSIDE (NO 🗌		s/zipco 1d Fre	ederick R	21229 d Apt F
ompletely ord 2 s		James	E.		adison	. F	S MAIDEN NAM	MIDDL		Cue	ton
IMORE, on ond on ond on ond on ond on ond one weekling		VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)		L SECURITY NO.	Anita		418 Nort	n Atho	1 Ave Ap	MATE INTERVAL
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TO HOSPITAL OR ATTEN retained by the hospital TO FUNERAL INECTOR should be detached for u with the State Dept. of H.		abave, (1) (we) (did) (did) 27b. SIGNATURE	ORPRINT)	wh	^^ ^	DEGREE OU - D 22e ADDRE	ATTENDING PHYSICIAN S	MEDICAL S DIRECTOR PHY	TAFF SICIAN []	22c. DATE	SIGNED
TO HOSI retained TO FUN should b with the		BURIAL, CREMATION, REMOVA	CM MY	SHE	23c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION	1110		
BP		Burial		3/86	Mt Aubi			Baltim		COUNTY	MD
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director rch Funeral Hor						REC'D. BY REGISTR	AR 25b. REGI	STRAR'S SIGNAT	

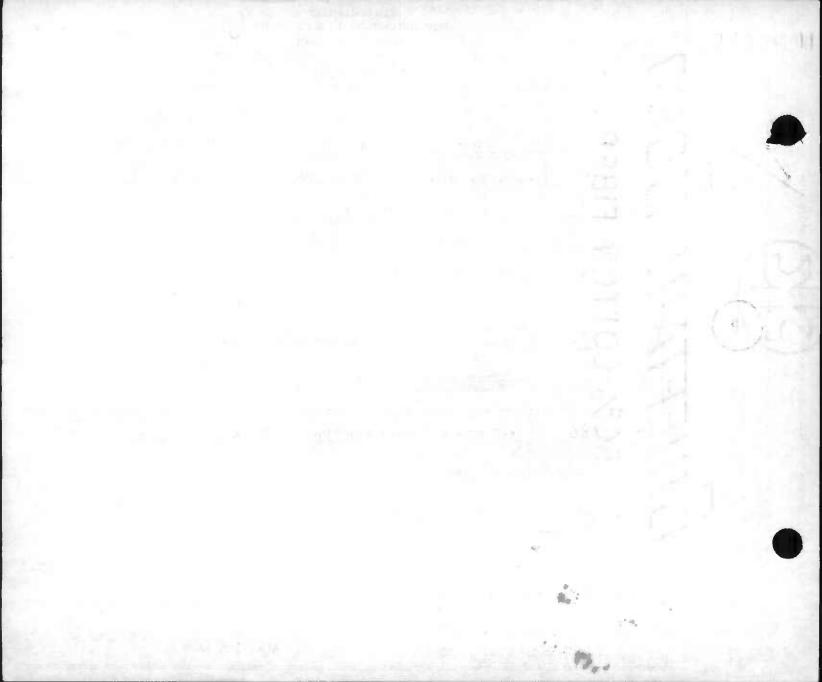


1			,	STATE OF MARYLAND		
00-08974	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL F	REG. NO.	13/03
		CEASED NAME FIRST	WIDDLE	LAST	26 DATE OF DEATH MONT	H DAY YEAR 26 HOUR
nay be page 3		Lou		HARRIS	5-27-86	
	3. SE)		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Poge 4 director hours of		EMALE	BLACK	12 12 191.		YRS.
h. Po	7a. Bl	RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
death. Page funeral direct thin 72 hours				WIDOWED DIVORCED	□ BALTIMORE	CITY MD.
offer offer ed with	<i>r</i> .	ALTIMORE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE KEY CIRCLE	NG HOME OR OTHER INSTITUTION IT ADDRESS) #039165	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSINESS OR INDUSTRY
ND 212	13a. S	AL RESIDENCE (IF NURSING HOME OR C TATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	WN 136 INSIDE CITY LIMITS		CODE 5T. #21217
d within and 26 m		THER'S NAME	AIDDLE LAST	15 MOTHER'S MAIDEN		LAST
e execute		VAS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (1F YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 239-52	0.00	ADDRESSKI RUCKER 1214 L	ey Circle Hospic E <i>UTAW PLACE</i>
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death efforts he executed within 24 hours cattending physician. When this certificate has been signed by the artifician and completely filled in by as the burial-stransit permit. Then please remove arbotinate. Poget and 2,8 flouid be fill than dimental Hygiene prior to burial, are also contact that and mental Hygiene prior to their traumatic event, the medical example parts is accordingly.	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	y ane cause per line far (a), (b), o DBY: E CAUSE (a), OR AS A CONSEQUENT (b), OR AS A CONSEQUENT DUE TO, OR AS A CONSEQUENT (c) ONDITIONS CONTRIBUTING TO	JENCE OF HENSICA & Z	erminal disease or condition	APPROXIMATE INTERVAL BETWEEN QISET AND DEATH
he low roon. The permit the prior on any on any on the prior of the p	CERTIFICATION	19a date of Operation	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b IN 1	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
ON OF VITA	ł .	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA: (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR 19	CURRED (ENTER NATURE OF INJURY IN 1)	[EM 18 PART : OR PART 2]
DIVISION or attendir or attendir After this e as the bund oith and M marked ar	MEDICAL	214 INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT MOME, STREET, FACTORY OFFICE	FARM ETC.)	CITY OR TOWN	COUNTY STATE
G o E s E		220.1 certify that (1) (this hospit	al) attended the deceased from	19_1	4 . to S- 21/	, 19_300, that (I) (we) last
R ATTEND hospital or RECTOR: , and far use spt. af Hea		sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.		ion death accurred on the date of	nd hour and from the causes stated
Che Che		22b. SIGNATURE G. S	Loh-	DEGREE ATTENDING PHYSICIAN		22c. DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL (should be deto with the State (IMPORTANT; If		226 PHYSICIAN'S NAME (TYPEOR	SHAH	22e ADDRESS	// 0/6//45	est, BALTIMI FE
,		SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO	RY 236. LOCATION	COUNTY STATE
BP	04.5	Removal	5-28-86	Tor	DATE BECCO BY DECISTRAPIAN	DEC ICTO ADIC CICALATURE
DHMH - 16 50M 4/83	24 Fl	JNERAL DIRECTOR	ADDRESS	44.4	DATE REC'D. BY REGISTRAR 256. F	Davidon-Rondo
(VRA 15, 4)		Anatom	ny Board	Balto. Md.	THE SURE STATE	the father and father and



		FOR Film G616 i	tem 23b,c departm	STATE OF M	AND MENTAL HYGIE	NE , a	2 1 0 0				
00-0	6687	- STATE 6/5/86 rja REGISTRAR	MEDICAL E	XAMINER'S C	ERTIFICATE OF DE	THO REG. NO.	3 / 0 4				
0 0 0		1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE		LASŤ	20. DATE KNOWN MOR	NTH DAY YEAR 26, HOUR				
	ASE JRS. ET,		uis Alfred		Harris JR.		5 10 1986 M				
	STEET STEET	3. SEX 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	LAST BIRTHDAY)	DER 1 YR. IF UNDER 24 HR.	S. 2c. DATE MON PRONOUNCED	TH DAY YEAR 2d. HOUR				
	ON SOUR	M B	9 17 64	21 YRS.	S DATS HOURS MIN	DEAD	5 10 1986 11:16				
	IS NRCESSARY, PIEASE FEUNERAL DIRECTOR. ES FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH PM				
	N N N N N N N N N N N N N N N N N N N	MARLAND	U.S.A.	WIDOW		' Raltinora ('	ity MD				
1/	N H G B G	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	EET ADDRESS	FC	ISUAL OCCUPATION (TYPE OF WO OR MOST OF WORKING LIFF)	ORK 126 KIND OF BUSINESS OR INDUSTRY				
1	PA PA	Baltimore	1600 Blk.	Roundhill .	Avenue N	I/A					
DRE, MD. 21201	DEATH. IF ANY DELAY IS NR. GES 1, 2, AND 310 THE FUN. MAP 3. RETAIN PAGE 5 FINDLY DELAY OF VITAL RECORDS, 20 W. OF VITAL RECORDS, 20 W. DELAY DE	USUAL RESIDENCE (IF IN NURSING HOMI 13a, STATE MARYLAND	NTY 13c. CITY C		13d. INSIDE CITY LIMITS? 13e. S	treet address .556 PENTWOOD R	D 21220				
. O. 3	2, 8 3. B SH ALR	14. FATHER'S NAME		HINOLO	15. MOTHER'S MAIDEN NA		D. 21239				
, ×	E S S S S	LOUIS	A. HAR	RIS SR.	LULA	MIDDLE	HEATH				
MOM	0 × 0	160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCI.		17. INFORMANT	ADDRESS	TEATH				
BALTU	DOUS AFT COUS AFT A 19 GIVE WITH PAGE NE, DIVISIO	NO		45740	LULA B. HAR	RIS 1556 PENTW	OOD RD. 21239				
6		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly one cause per line for (a), (b),				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
NO NO	BESTERS		ATE CAUSE (a) MUTCLOT	e injuries							
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W. P	WITH THE WIT	gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF									
201 /	BAN- BAN- ON O	lying couse lost.	lying cause lost.								
DIVISION OF VITAL RECORDS,	OULD BE EXECUTED WITH PENDING" IN PENCINE RIEF MEDICAL EXAMINER SED AS A BURIAL TRAIN F HEALTH AND MENTAL AL, CREMATION OF REI		S CONTRIBUTING TO OEATH BUT NOT RELATE	O TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1 (a).						
LRE	HEA HEA	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	19b. CONDITION FOR W	HICH OPERATION WA	AS PERFORMED?		20 AUTOPSY?				
AT.	SH CHILD	THE					YES XX NO				
OF	A ATE		216. TIME OF INJURY	DAY YEAR 21c. HO	W INJURY OCCURRED LENTE	R NATURE OF INJURY IN ITEM 18 PART 1 C	PART 2)				
NO	SE CONTRACTOR DE LA CON	UNDERLYING OR CONTRIBUTING CAUSE OF		10 , 86 pec	destrian struc	ck by vehicle					
INISI	CERTIFICATE TING THE WED TO THE 3 SHOULD BEPARTMEN I PRIOR TO BE	UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE	THE FLACE OF INJURY			CITY OF TOWN	COUNTY _ STATE				
Δ	WRIE AAGE	WHILE NOT WHILE AT WORK	kk roadway	Hil	lenRd/Roundhi	llave, BaltoCity	Maryland Maryland				
	ATE. T	220. I certify that I too cho	ge of the remains described obove	e, held an Autops	yXXX Inspection .	Inquiry . ond in m	y opinion				
	MIN FICA	death resulted from the	pel covident 1	X Frieghen	Hamicide Und	etermined manner .					
	S S S S S S S S S S S S S S S S S S S	ACTUAL ACTUAL	1 Duna	ell m	TITLE (SPECIFY)						
	ZHRZEN -	SIGNATURE /	()	M.I	Chief ME	DICAL EXAMINER SIG	TE May 11,86				
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD, "PREADER A SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH WITH HESTATE DEPARTMENT OF HE BALVIMORE, "PWIND, 21201 PRIOR TO BURIAL, OF HEILMAND AND A STATE DEPARTMENT	EXAMINER'S NAME J	ohn E. Smialek,	AD.	ADDRESS 111 PennSt	treet,Balto.,MD	21201				
	PATA PATA	23a. BURIAL, CREMATION, REMOVAL (SPECIFY)		AME OF CEMETERY OR	CREMATORY 23d.	LOCATION	COUNTY STATE				
07/84	BP	BURIAL	5/19/86 Md	National	Mem. Pk	Laurel	MARVIAND				
25M	DHMH - 17	24. FUNERAL DIRECTOR	FATO 11 ADDRESS TO A COLOR N		250. DATE REC'D.	BY REGISTRAR 251. REGISTRAN	Sept lake				
	(VR A15 ME (5))	WM.C.MARCH F/H	INC. IIUI EAST N	OKIH AVENU	E MAY 1	5 1980 grade					

(VRA 15. 4)

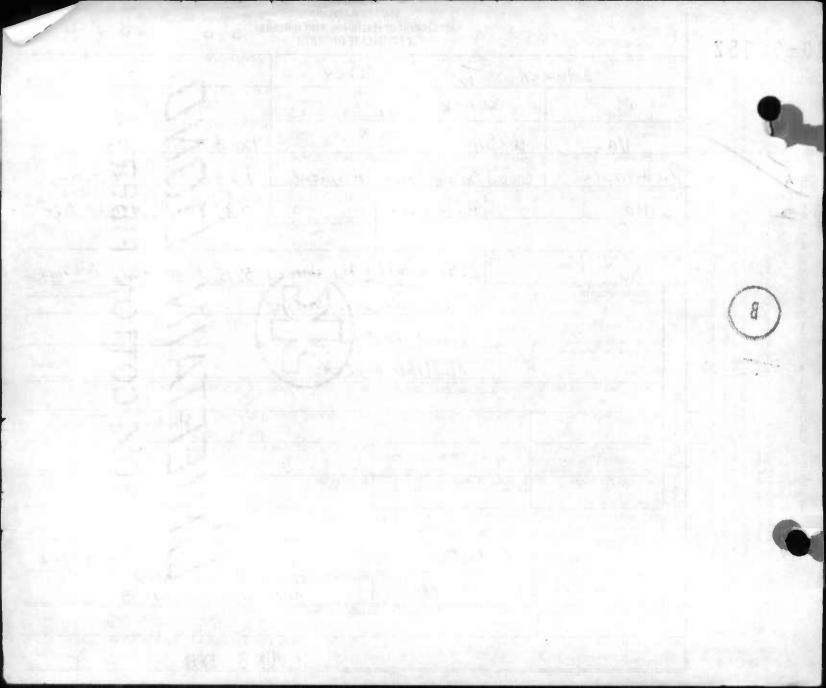


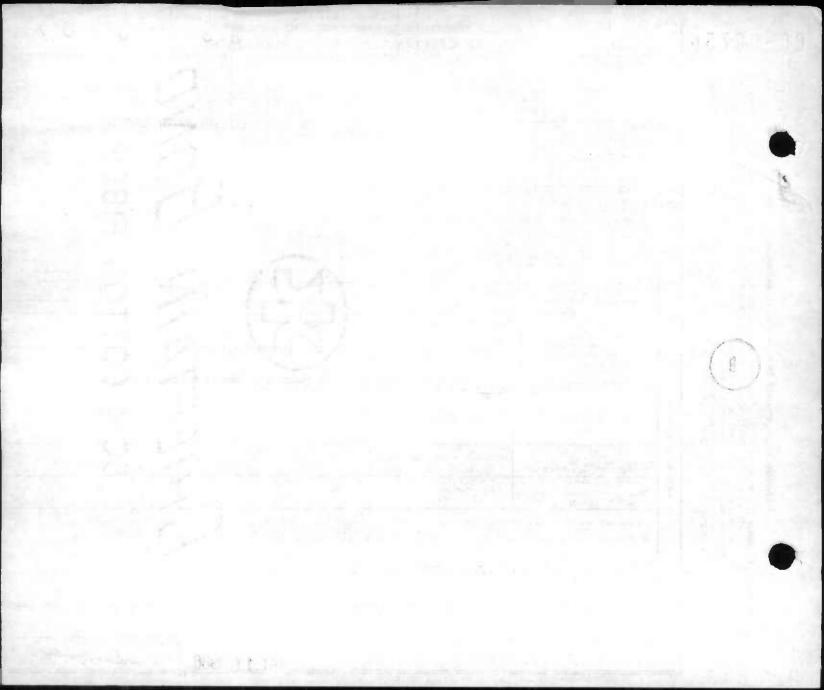
March Funeral Home West 4300 Wabash Avenue

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND





7060	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAN EALTH AND MI	ENTAL HYG	IENE 8	Ö REG. NO.	1 3	3 /	0 8
n € 9 9 9 9		CEASED NAME FIRST RICH		DDIE	4.7	CHER	>	20 DATE OF	DEATH MONTH	1G	SEAR SE	26 HOUR ZO
100	3. SE	x M	4 RACE		5. DATE C		YEAR	6 AGE (INY	ARS LAST BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 24 HRS
72 Noun		RTHPLACE (STATE OR FOREIGN COUNTRY) RGINIA	76. CITIZEN OF W			NEVER MA			RE CITY OR COL		EATH	
Hed selven	10. C	ITY OR TOWN OF DEATH	11. NAME OF HO		ADDRESS)		DRCED []	12a USUAL C	MORE, CI OCCUPATION FOR MOST OF WORK STEEL	ING LIFE) 12	NDUSTRY	BUSINESS OR
1 R	130. MZ	AL RESIDENCE (IF NURSING HOMEO STATE 13b. COU RYLAND		IVE RESIDENCE BEFORE 136. CITY OR TOW BALTIMO	N		NO []	1633	DDRESS / ZIP (E.33rd.		ET 21	218
lish	14. F.	ATHER'S NAME UNKNOWN	MIDDLE	I AST			maiden maa Rst NOWN	ΛE	MIDDLE		LAST	
N/	160	VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATEST	21209163		17 INFORMAN		R 1633	E.33rd.	STRI		1218
d by the attending of, certainlist, or re- or other fraumotic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	AS A CONSEQUE	NCE OF	TRIC LIVE AN			HSTASI	15		
Then plur to burninjury, o	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CON			,	A second	L C	OR CONDITION	1/6	PART Ira	
shows ony	CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFOR!	MED	20a AUTO			RE FINDING CAUSES (GS USED OF DEATH? NO
certificate rial-transitental Hygi ltem 18 sh		21g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	. MONTH DA	AY YEAR	21¢ HOW INJU	JRY OCCURR	ED (ENTERNA	URE OF INJURY IN ITE	N 18 PART 1 C	R PART 2)	
fter this os the bu hand M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	FINJURY ET FACTORY OFFICE F	ARM ETC)	21f LOCATION STREET	1		CITY OR TOWN	C	OUNTY	STATE
ECTOR: A ed for use of the old in 21 is mo		220 I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 27b. SIGNALURE	1	19	, or	id that in (my) (a	, 19 uur) opinian o	, ta leoth occurred	d on the date and		from the c	
FUNEKAL DIRE Jid be detache i the State Dep ORTANT: If the		Combac	and i	Work	ta.	PH	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	v	S//	, S6
th the St		AMBACHE	DR PRINT)	ORET	A	22e ADDRESS	THER.	AN 17	SPITA	K, F	10 1	SACTO

23c. NAME OF CEMETERY OR CREMATORY

BALTIMORE

DHMH - 16 60M 7/84 (VRA 15, 4)

WM.C.MARCH F/H INC. 1101 F NORTH AVENUE

5-21-86

230. BURIAL, CREMATION, REMOVAL

BURTAL

24. FUNERAL DIRECTOR

BALTIMORE MARYLAND

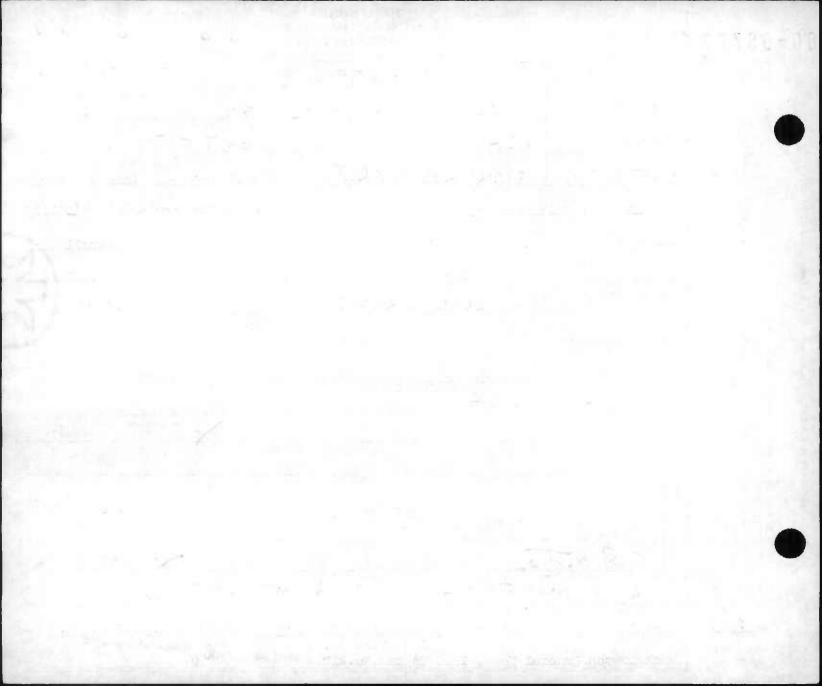
23d. LOCATION

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO.	1	3	1	Û	9
	REG. NO.					

0-05786/	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	8	6 REG. NO.	3 /	0 9	
nay be page 3		CEASED NAME FIRST	LEWIS	E.	M	HATTER	2a DATE OF DE		DAY YEAR	26 HOUR 10/02PM	
ge 4 ma ector, po	3. SE	× Male	4 RACE	te	5. DATE C	DAY YEAR	6. AGE (IN YEAR!	LAST BIRTHDAY) YRS.	MONTHS DAYS	HOURS MIN.	
eoth. Po	7a B	RTHPLACE ISTATE OR FOREIGN COUNTRY! aryland	USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED K	9 BALTIMORE	CITY OR COUNT	TY OF DEATH	MD.	
s offer d	B	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 5) NA HOST				ACT	12a USUAL OCI	R MOST OF WORKING	LIFE) INDUSTRY	126 KIND OF BUSINESS OR INDUSTRY Reed's Pharmacy	
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be execute on an analysis. Poget	lág/	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES G		16b. SOCIAL SECT	JRITY NO.	17 INFORMANT Kenneth L.	Hatter -	ADDRESS		7 1	
physicial physicial papers. emovol.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly ane cause per ED BY: (TE CAUSE (a)		dicsi		20000			NATE INTERVAL	
es that the death or red by the attendin please remove cort uriol, cremotion, ar or other troumation,		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:a									
tw require been sign mit. Then prior to bi	CATION	REWAL CELL CA 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES,							ES, WERE FINDING	GS USED	
CIAN: The Ic 1 physician. rrthficote hos of-transit per rtol Hygiene	AL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DI THE EITHER. NOTHY MEDICAL EXAMINI	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUI	YES N	X	TIFYING CAUSES (YES B PART OR PART 2)	NO [
ING PHYSIS IN CONTRACT OF THE BUT	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			21f LOCATION STREET	c	TY OR TOWN	COUNTY	STATE	
R ATTENDIN hospital or RECTOR. Af ned for use o spt. of Health		220.1 certify that (1) (this hasp saw the deceased alive a abave, (1) (we) (did) (did n	02/94	19_		d that in (my) (aur) apinion	death accurred o	n the date and ha		hat (II (we) last auses stated	
TAL OR Ay the ho		226. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 0504 256									
O HOSPI		ALEX H	DEM ATE				AS 750	IT, MC			
BP 0/0	B	Burial, cremation, remova (SPECIFY) urial	23b. DATE 5-7-8	36 P	11 Sa	METERY OR CREMATORY		erstown	Balto,,	STATE Md.	
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR NAME UCK TOWSON Fune	eral Home	ADDRESS			TE REC'D. BY REG	6 A THE O	Militar Charles	Ala.	



06 2	12001		FOR			OF MARYLAND	HYGIENĘ,		
70-0	7981		STATE REGISTRAR	ME	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH O REG.	NO 3 7 1	0
	- W 6-11		CEASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR	26 HOUR
	3 3 5 5 E	(14b)	JOF	זאנ	ני נואו	JK, JR.		□5-28-86 19	
	TREE TO THE TREE TREE TO THE TREE TREE TO THE TREE TREE TREE TREE TREE TREE TREE	3 5EX		5. DATE OF BIRTH	6. AGE (IN YEARS		R 24 HRS. 2c DATE	MONTH DAY YEAR	20MPUR
	2 2 m 0)	100	ale White	MONTH DAY	VEAR LAST BIRTHDAY) 08 77 YRS.	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	5-28-86 19	10:42
NECESSARY UNERAL DIII FOR YOU WUMHIN YOU PRESTON		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	MARRIED A NEVER MAR	RIED .	OR COUNTY OF DEATH		
	NAME OF THE PARTY		Md.	U. S	la Ha	VIDOWED DIVOR			MD
/	A SHAPE		Baltimore	(IF NOT IN SUCH FA	PITAL, NURSING HOME, C ICILITY, GIVE STREET ADDRESS) MSEYSTREET.	DR OTHER INSTITUTION	FOR MOST OF WORKING LIFE) Retired—Regis	OR INDUSTI	
/	SEA SEA	USUA	L RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSION				
200	ROEFIN	13a. S	Md 136. COUN	TY	Balto.	YES NO	13e STREET ADDRESS Ba		
7 3	A A S	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIL		LAST	
RE,	28222		John	E.	Hauk. Sr.	Carri		Birmingham)
WO	Ba Ouz	16a. V	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY		4219 Euclid ARVE		
W.	EA. 1958		yes	WAR OR DAILS)	217-26-8670			#21229	
4	20 A A		18. CAUSE OF DEATH (Enter on	ly ane couse per line				APPROXIMATE BETWEEN ONSE	
E	24 S 3 3	7	PART I DEATH WAS CAUSED	E CAUSE (o) He	ead injuries			BETWEEN ONSE	I AND DEATH
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20	N WE WAY		lying couse last.	(-)					
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A CO	- CRAIN	18	19a DATE OF OPERATION		TION FOR WHICH OPERAT	ION WAS PERFORMED?		Tan AUTORSVa	2
OF VITAL RECORDS	PALE PALE	CERTIFICATION						(HEAD & ABDOME	
>	NI SECOND	E	210 EXTERNAL CAUSE WAS	200 I 17ME Q	CIKULIRY	21r HOW IN JURY OCCUPE	RED (ENTER NATURE OF INJURY IN ITEM	YES X	NO 🗆
ONO	RTANE NO THE NO		UNDERLYING XOR CONTRIBUTING CAUSE OF D	HOUR 9.M	NURY MONTH DAY YEAR A 5-27-86	subject fel		TOTAL TOTAL 2	
DIVISION	TAN SEP	MEDICAL	21d. INJURY OCCURRED		OF INJURY (AT HOME,	211 LOCATION STREET	CITY OR LOW.	I TELEVISION	
9	WRITHIS OF WARD WARD WARD WARD WARD WARD WARD WARD	2	AT WORK AT WORK	hom		2002 Ramsey	Street Ba	ltimore, Mary	land
	NO NE S	0	228 I certily that I toak charg	e of the remains		Autopsy Inspect	an , Inquiry ,	ond in my apinion	
	ME HOLE		death resulted from: Notur	al couses,	Accident X Suicio	le , Hamicide	Undetermined manner		
	WAR WERE		Mari	20.	W	TITLE (SPECIFY)			
	★ ####################################		ACTUAL SIGNATURE	20 M	JAMA	M.DAssista	nt MEDICAL EXAMINER	DATE SIGNED 5-28-86	5
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL POLOREAL DIRECTOR, PAGE 3 SHOULD BE USED AS A FAFTE FOR MENTHE STATE FOR ASTROMANT OF HEALTH BATTIMORE, MARY CAND, 21201 PR. RTO BURIAL, CREM		EXAMINER'S NAME (TYPE OR PRINT)	Margarita	A. Korell,M	.D. ADDRESS 11	1 Penn Street		
	DAY OF A	23a.Bl	IDIAL CREMATION REMOVALIA			TERY OR CREMATORY	23d. LOCATION		
07/84	BP	(5	PEC IFY)		86 Balto. Na		Balto.	COUNTY	ATE
25M		24 FL	JNERAL DIRECTOR	3 S				9 Diouglour Montality	
	DHMH - 17 (VR A15 ME (5))	G.	TRUMAN SCHW	AB ADDRESS	#21229	MA	29 1035 January		

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00-07096	1.	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	13/11
1 756		CEASED NAME FIRST ORPRINT) Edward	A.	Hause Sr.	20 DATE OF DEATH MONTH	19-86 9:20 AM
of other party	3 SE		PACE PACE AS AN	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 45 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
0 18		RTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF WHAT COUNTRY	8 MARRIED NEVER MARRIED WIDOWED	Baltimore CITY OR COUN	TY OF DEATH
1 1 27	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
ND 2112	USU 13a. S	AL RESIDENCE (IF NURSING HOME OR OTTATE)	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	Balto.Md.
11350	14. F/	THER'S NAME FIRST Willard	wioote LAST Hause	IS MOTHER'S MAIDEN N. Edith		Gould
MORE.N	,	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS M.Hause,Same	
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t W. PRESTON hat the death by the attend sse remove co i, cremotion, o other trainment		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF		reart failure	
med ple	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION C	GIVEN IN PART 11a
NG PHYSICIAN: The low requirents of the this certificate has been signed as the busicility permit. Then the ond Mental Hygiene prior to be orked or Item 18 shows any injuriant.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICE	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
SECIAN: The ng physicial certificate in certificate in certificate in the national Hygies then 18 should hygies the national hygies then 18 should hygies the national hygies th		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM)	8 PART OR PART 2}
DING PHYS or oftendin After this c e as the bur olth and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDI TOR: A or use of Heol		22a. certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did not		ond that in (my) (our) opinion	death occurred on the date and h	our and Iram the causes stated
0 9 000		22b. SIGNATURE	1. monn	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5-19-80
TO HOSPITAL retained by the TO FUNERAL should be deti with the Stote with the Stote IMPORTANT: IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE OF	H-MORS	eis 331 ST	- face &	Lace
D € C 4 € M M		BURIAL, CREMATION, REMOVAL SPECIFY Burial		NAME OF CEMETERY OR CREMATORY len Haven Mem.Pl	k. Glen Burnie	E. A. A. C. FILL.
DHMH - 16 60M 7/84 (VRA 15, 4)	2.0	uneral director Ba	alto.Md.21230 al Home.130 E		TE REC'O BY BEGOTRAR 255 REG	STRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	-	
N OF VITAL RECORDS, 201 W. PRESTON ST.		
N OF VITAL RECORDS, 201 W. PRESTON	BALTIMORE	
N OF VITAL RECORDS, 201	PRESTON ST.	
N OF VITAL RECORDS.	1173	
DIVISIO	N OF VITAL RECORDS.	
	DIVISION	

		STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 0 REG. NO.	3/1	
		CEASED NAME FIRST	MIDDLE	Huda	20 DATE OF DEATH MONTH DA	YEAR 26 HOUR	
	3. SEX	Frida 1	RACE	5. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24	
2/		Female	Black	MONTH DAY YEAR 24	62 YRS. MONTHS DATS HOURS MIN		
04		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	· ·	
lo do	10 CI	TY OR TOWN OF DEATH		WIDOWED DIVORCED DIVO	12a USUAL OCCUPATION 12b KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		
46		Bultimore	Sinai Hosp	dal	House Wife	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
nost be	130. S	. I I Books	18HEITY OR TOWN	13d INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE	1.00 212	
ne u		THER'S NAME	ity Baltimor	YES NO 15 MOTHER'S MAIDEN NAM		Ave 212	
e company		Emmauel MI	Mhi Te	MINN	lie MIDDLE B.	Blaine	
dicol		VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECUR	HITY NO. 17 INFORMANT	ADDRESS		
e e		No	2191275	197 Medical Rei	cord		
1 4		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), and		APPROXIMATE INTERVA		
		IMMEDIATE	CAUSE (0) motostatic		2 years		
8		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUEN	NCE OF			
3)	NO	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	NCE OF	NNAL DISEASE OR CONDITION GIVE	N IN PART 110	
Sales to the contract of the c	IFICATION	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	EATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 206 IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH	
on Hoper permit been considered the Table of	CAL CERTIFICATION	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUEN (c) NOTIONS CONTRIBUTING TO DE 198 CONDITION FOR WHICH C	EATH BUT NOT RELATED TO THE TERM DPERATION WAS PERFORMED 21c. HOW INJURY OCCUR!	20a AUTOPSY? 20b IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH	
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the use on the buriothyphia permit their poor and a feel feelth and Amela Hygers print the Lock.	-	Cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING GOOD CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE SOLUMNIE AT WORK AT WORK SOLUMNIE SOLUMNIE SOW the decaysed alive an	DUE TO, OR AS A CONSEQUEN (c) INDITIONS CONTRIBUTING TO DE 19b. CONDITION FOR WHICH CO 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FAI	PEATH BUT NOT RELATED TO THE TERM DPERATION WAS PERFORMED 21c. HOW INJURY OCCUR! 19 211 LOCATION STREET 4/11, 19-26	200 AUTOPSY? 206 IF YES, IN CERTIFY YES NO PY YES RED (ENTER NATURE OF INJURY IN ITEM 18. PAR	WERE FINDINGS USED ING CAUSES OF DEATH NO R1 ORPART 2) COUNTY ST.	
denoted for use on the burnon fromth permit into a constant of the constant of	-	Cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 27a.1 certify that (I) (this haspital saw the deceased glive an above, (I) (we) (did) (did nat) 27b. SIGNATURE	DUE TO, OR AS A CONSEQUEN (c) INDITIONS CONTRIBUTING TO DE 19b. CONDITION FOR WHICH CO 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FAIL 1) attended the deceased from 5 3 1 19 80 View the body after death.	PEATH BUT NOT RELATED TO THE TERM DPERATION WAS PERFORMED 21c. HOW INJURY OCCUR! 19 211 LOCATION STREET A/11 19 26 , and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? 206 IF YES, IN CERTIFY YES NO PY YES NO PY YES RED (ENTER NATURE OF INJURY IN ITEM 18, PAR CITY OR TOWN	WERE FINDINGS USED ING CAUSES OF DEATH NO COUNTY STA	
hould be assessed to use on the Assessed permit permit to the state of the State Cost of Health and Assessed Hygeron prints to the Co. PORTANT, If them 21 is incrited or them 18 shows any injury, the other recommendation	-	Cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK ALWORK 22a, 1 certify that (I) (this haspita saw the decayed glive an above, (I) (we) (did) (did nat) 22b. SIGNIATURE	DUE TO, OR AS A CONSEQUEN (c) INDITIONS CONTRIBUTING TO DE 19b. CONDITION FOR WHICH CO 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FAIL 1) attended the deceased from 5 3 1 19 80 View the body after death.	PEATH BUT NOT RELATED TO THE TERM DPERATION WAS PERFORMED 21c. HOW INJURY OCCUR! Y YEAR 19 211 LOCATION STREET ALL DEGREE ATTENDING	20a AUTOPSY? YES NO PYES, IN CERTIFY YES OF INJURY IN ITEM 18 PAR CITY OR TOWN The state of the state and hour MEDICAL STAFF	WERE FINDINGS USED ING CAUSES OF DEATH NO COUNTY STA	
should be assessed as the late of the business permit permit the same and with the State Dept of Health and Americal Higgs on principle 1. (All IMPORTANT) If them 21 is interved or from 18 charter any of the same and the same	WEDICAL MEDICAL	Cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK ALWORK 22a. Certify Ind (I) (this haspita sow the decayed plive an above, (I) (we) Idid) did nat) 27b. SIGNIATURE 22d PHYSICIAN'S NAME (TYPE ORF	DUE TO, OR AS A CONSEQUEN (c) INDITIONS CONTRIBUTING TO DE 19b CONDITION FOR WHICH CO 21b. TIME OF INJURY HOUR A.M. MONTH DAN P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FAI 1) attended the deceased from 5 31 view the bady after death	PEATH BUT NOT RELATED TO THE TERM DPERATION WAS PERFORMED 21c. HOW INJURY OCCUR! 19 211 LOCATION STREET A/11 19 26 , and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? 206 IF YES, IN CERTIFY YES NO PY YES RED (ENTER NATURE OF INJURY IN ITEM 18 PAR CITY OR TOWN . 10 5/31	WERE FINDINGS USED ING CAUSES OF DEATH NO COUNTY STATES OF THE STATES OF	



ST	ATE	OF	M.	ARY	LAND

6395	1.	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H	YGIENE 8 6	13713
75		REGISTRAR CEASED NAME FIRST OR PRINT) RUTT	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	SE 26 HOUR
actor po	3. SE	FEMALE	BLACK	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	YRS. IF UNDER 1 YEAR IF UNDER 23 HE MONTHS DAYS HOURS MI
17		SUNTRY CAROLINA	76. CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	DALTO	CITY
46	1	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	N HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO BEAUTICIAN	
m V	13a.	ARYLAND 13h COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFO JINTY 134 CITY OR TO	WN 13d INSIDE CITY LIMITS?	2844 KAY	NER AVE, 2121
3500		SOLOMON	MIDDLE	PAULIN	MIDDLE	CONSTANT
medico		VAS DECEASED EVER IN U.S. A. YES, NO OR UNKNOWN) (1F YES, G		URITY NO. 17 INFORMANT (C. 3988 BEULAH M	c LAID M	EAD END ST. U LINS. S.C. 2957 BETWEEN ONSE! AND DEAT
a burial, cremotion jury, or other troun	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	(c)	JENCE OF RENAL DEATH BUT NOT RELATED TO THE TE		
ows ony in	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
tentol Hygin		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	DEATH HOUR A.M. MONTH	DAY YEAR 19	URRED (ENTER NATURE OF INJURY IN	ITEM IS PART OR PART 2)
polith and Minorked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	(FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ached for use Dept. of Heal If Item 21 is ma		saw the deceased alive a	pitali attended the deceased from an19 how with body after death.	, and that in (my) (our) apinion		19 , that (I) (we) loand haur and Iram the causes stated
with the State		22d PHYSICIAN'S NAME (TYPE A-MR A: CH	E OR PRINT)	TH 220 ADDRESS UT 14	MEDICAL STAFF I DIRECTOR PHYSICIAN	SPITAL MA
¥ X	23a. I	BURIAL, CREMATION, REMOVA	AL 236 DAJE , 23c	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY

DHMH - 16 60M 7/B4

BP

(VRA 15, 4)

MULLINS 250 DATE REC'D. BY REGISTRAR

BURIAL 24 FUNERAL DIRECTOR FLEMING FUNERAL SERVICE

BENSON, MA

256 REGISTRAR'S SIGNATURE

THE STATE STATE Committee to the second of the 91 - - 44 1 - - 12 A LITTER TO THE CONTRACT OF and the second s

00-0798	80	1 -	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 1 3 / 1 CERTIFICATE OF DEATH REG. NO.							1 4	
			OR PRINTS	FIRST	25	MIDDLE	L	AST		2a. DATE OF DEA		DAY YEAR	2b HOUR
noy be page 3		11111	- CA PRINT	JANE	KE	ATING	HE	LFRICH		5-26	-85		7/:12 M
moo moo		3. SE		4	RACE		5. DATE C		YEAR	AGE (IN YEARS)		IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4	-	3	Female	3	Whi	ite		31, 19	12	73 .	YRS.		,,,,,,
Po Po	2 hour		RTHPLACE (STATE OR F	FOREIGN 76		WHAT COUNT	RY? 8	D NEVER MAR	RIED -		ITY OR COUNTY		
in 77	20		lew York		ŲS		WIDOWE	DIVOR	RCED [more C		MD.
of the fu	P Life		ty or town of DEA Baltimore	ATH 11	Union	HOSPITAL, NUR CH FACUITY, GIVE STI Memo	restablished the	ospital	MOIT	12a. USUAL OCCI (TYPE OF WORK FOR / Homer	UPATION MOST OF WORKING LIF MAKER	126. KIND C INDUSTRY OWN	Home
24 havr	myst be	130. S	AL RESIDENCE (IF NURS TATE MD	13b. COUNTY		13c. CITY OR TO Balto	OWN	13d INSIDE CITY I	LIMITS?	13e.STREET ADDR	ress / 712 cope bland A	ve., 2	1210
YLA thin thin 2 sh	nedicol êxamine	14. FA	THER'S NAME					15. MOTHER'S MA	AIDEN NAM	E	*		
MAR wed w			Linus	MIC	"Keat	ing [AST		Mari	ion	MID	S	later	51
BALTIMORE,			VAS DECEASED EVER	IN U.S. ARME		166. SOCIAL SI 216 46		17. INFORMANT France	s Hel		Balto.	, MD	
oquires that the death easing a signed by the attending the ottending to buriel, cremation and	njury, or other troumotic	NO	Conditions, if any, gave rise to imm cause (a), statin underlying cause	nediote ng the last.	(b)	Proba	OUENCE OF		phone	Infa Artun NAL DISEASE OR	Disection GIV	M i	autes i
AL RECORDS, the law required to be a significant of the permit. Then ene prior to b	2 ows ony	CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORME	ED	YES NO	IN CERTIF	S, WERE FINDI	
DIVISION OF VITAL NG PHYSICIAN: The off the certificate ho of the build-transit ho ond Mental Hygier	em 18 sh		21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	,	OF INJURY .M. MONTH	DAY YEAR	21c HOW INJUR	RY OCCURRE	D (ENTER NATURE C	DE INJURY IN ITEM 18. F	PART I OR PART 2)	
IVISION IG PHYS otherdin ter this c s the bur	rked or Ite	MEDICAL	21d INJURY OCCURI	HILE		OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC }	211. LOCATION STREET		CITY	OR TOWN	COUNTY	STATE
OR ATTENDING OR ATTENDING OF DIRECTOR: Afoothed for use of Dept. of Health	Item 21 is mo		22a.i certify that (I) saw the dece abave, (I) (e) (a 22b IGNATURE	ed alive an	3 -	26	9_86,0	nd that in (my) 601				r and fram the	that (1) we last causes stated SIGNED
O HOSPITAL (etained by the TO FUNERAL Is should be detained with the State I	MPORTANT: H		Pofest 22d PHYSICIAN'S NA Robert	AME (TYPE ORP	Bolli	nger	Ju	220 ADDRESS Union		morial	1405	pital	27/86
Z a rax	4		SURIAL, CREMATION,		236 DATE			EMETERY OR CREA	MATORY	23d. LOCATION	wn	COUNTY	MD ^{STATE}
BP		E	ntombmen		5/30,		Druid				šville,		
DHMH - 16 50M 4/83 (VRA 15, 4)			JNERAL DIRECTOR 1 905 York			enkins o., MC			250. MA	729198	JRAR 256. REGIST	RAR'S SIGNAT	TURE

1 1 1 1 1 10/11/ Homen don Hane etcas ess France Halfrich, Balta, NE Enter the set of the set age of Harry W. Can Ind E some So. ded York Road Eath., And 112104

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Dalthors Prencie Roots By Manier Labour Labour

Could be street it.

Clasco U. Heller, Sr. Mary .eno .erue

SOT-14-TOS

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Purior -1--

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the hospital or

BP.

been signed by the ottending physicion and mit. Then please remove corban papers. Pages

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

0-08674

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	1	3	1	1	ć
	REG. NO.				•	

1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 6	3/16
	CEASED NAME FIRST	harles A.	Henderson	LAST	May 28, 1986	DAY YEAR 26 HOUR 3 A. M
3. SE	× M	4 RACE	44.0%	OF BIRTH THI 4, 1908	6 AGE (IN YEARS LAST BIRTHDAY) 78	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WE	HAT COUNTRY?	ED NEVER MARRIED	Baltimore City or Count	
	ITY OR TOWN OF DEATH Baltimore	11. NAME OF HO	SPITAL, NURSING HOME ACILITY GIVE STREET ADDRESS) B Gittings A	OR OTHER INSTITUTION	120 USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING L Meat Cutter	126, KIND OF BUSINESS OR INDUSTRY
	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL		ve residence before admission Bectify or town Baltimore	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COD 1278 Gittings	^{DE} Ave. 21239
14. FA	Arthur B.	Henderso	on LAST	15. MOTHER'S MAIDEN NA	ta Strasinger	LAST
	YES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES	86 SOCIAL SECURITY NO. 212 01 2288	Mrs. Elsie F	. Henderson 127	78 Gittings Ave. θ 3
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per lin ED BY TE CAUSE (o)	espiratory	failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH / NOME
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) 57	AS A CONSEQUENCE OF	ronchogenic	Carcinoma	> 4 years
TION	PART 2 OTHER SIGNIFICANT	pulmor	rasy eny	lysema	inal disease or condition gi	
CERTIFICATION	190. DATE OF OPERATION	196 CONDITIO	on for which operati	ON YAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES NO
MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.	HOUR A.M.	njury Month day year 19	8	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MED	WHILE NOT WHILE AT WORK	21e, PLACE OF	INJURY T, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) this hosp sow the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE	4/2	19 06	ond that in (my) (our) opinion of DEGREE	to	ur and from the couses stoted 22c. DATE/SIGNED/
	22d PHYSICIANS RAME (TYPE)	regan ja Vanega	s MO	ATTENDING PHYSICIAN [120 St. fier	MEDICAL STAFF DIRECTOR PHYSICIAN [140 2150 A
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 5/30/86		CEMETERY OR CREMATORY land Memorial	Baltimore, N	d COUNTY STATE
	UNERAL DIRECTOR MITCHELL-WIEDER	FELD HOME	, INC. 650	O York Rd. 250 DAT	E REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TOTAL AND THE TOTAL TO THE MARKET THE TOTAL TH THE SECOND RESERVED TO SECOND DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	2	3	1	1	1

				REG. NO.	
DECEASED NAME	FORREST	T. H	ENDERSON	20 DATE OF DEATH MON	
SEX	4 RACE	5. DA	TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	
Male	White		7 11 194:	3 42	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE O		WHAT COUNTRY? 8		9 BALTIMORE CITY OR CO	VRS. DUNTY OF DEATH
COUNTRY		MAF	RRIED NEVER MARRIED		OT MAY
fichigan CITY OR TOWN OF D	U.S.Z		OWED DIVORCED [BALTIMORE	CITY ME
	(IF NOT IN SE	ICH FACILITY, GIVE STREET ADDRESS		(TYPE OF WORK FOR MOST OF WO	RKING LIFE) INDUSTRY
BALTIMORI		S HOPKINS I		Machinist	Signode Corp
a STATE	IRSING HOME OR OTHER INSTITUTION	13c CITY OR TOWN	(13d. INSIDE CITY LIMITS	13e STREET ADDRESS / ZIF	CODE
aryland	Baltimore	Dundalk	YES NO 🔀	1920 Midland	Road 21222
FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN	MIDDLE	i AST
orrest	C.	Henderson	Julia	WIDDLE	Fisher
WAS DECEASED EVI	R IN U.S. ARMED FORCES?			ADDRESS	
(YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	277.42.1701	Pogo T Ho	dorgon	Camo ac 13o
es	Viet Nam	377-42-1791	Rose L. Her	iderson	Same as 13e
18 CAUSE OF DEA	ATH (Enter only one couse po WAS CAUSED BY:	er line for (a), (b), and (c).		4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)_	cardioren.	rulory arres		24-5
	DUE TO	OR AS A CONSEQUENCE C	of J		01
Canditions, if a		Bearnten) _	Cohrs
gave rise to i	mmediote				
cause (a), sta		DR AS A CONSEQUENCE C			24/1
	(c)_				
	GNIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	rminal disease or condition	ON GIVEN IN PART 110
	/			Tee	TO VEG THE STATE OF THE STATE O
19a DATE OF OPER	ATION 1196 CON	DITION FOR WHICH OPERA	TION WAS PERFORMED		. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
				YES NOW	YES NO
21a. ACCIO		of injury a.m. month day ye	AR 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN	TEM 18 PART 1 OR PART 2)
OR CONTRIBUTION	CAUSE OF BEATH		19		
(IF ELL ER HOTIFY MI		OF INJURY	21f LOCATION		
	WHILE	TREET FACTORY, OFFICE FARM ETC	STREET	CITY OF TOWN	COUNTY STATE
AT WORK AT V	VORK —		4 /2)	~)	
	(I) (this hospital) attended t	he deceased from	19		, 19 6, that (I) (we) los
obove, (I) (we	osed alive on	y after death.	, and that in (my) (our) opini	on death occurred an the date o	nd hour and from the causes stated
22b SIGNATURE			DEGREE MAD		22c. DATE SIGNED
. ,	N Mo	skours.	ATTENDING PHYSICIAN		0 3/12/V/
22d, PHYSICIAN'S	NAME (TYPE OR PRINT)		22e ADDRESS	_ DIRECTOR _ TITULIAL	
NA	NAME (TYPE OR PRINT) WAN M	05663 1112	1	N. Lacilla	W.J. Got.
			600	- work	(ruy . lall
a BURIAL, CREMATION (SPECIFY)			OF CEMETERY OR CREMATOR	Y 23d LOCATION CITY OR TOWN	COUNTY STATE
Burial			Lawn Cemetery	Baltimore	Maryland
FUNERAL DIRECTOR	Duda-Ruck, I	nc . ADDRESS	25a. C	ATE REC'D. BY REGISTRAR 256.	
	venue Dune		d 21222	MAY 28 1986	, who was ason-Mandalac

21222

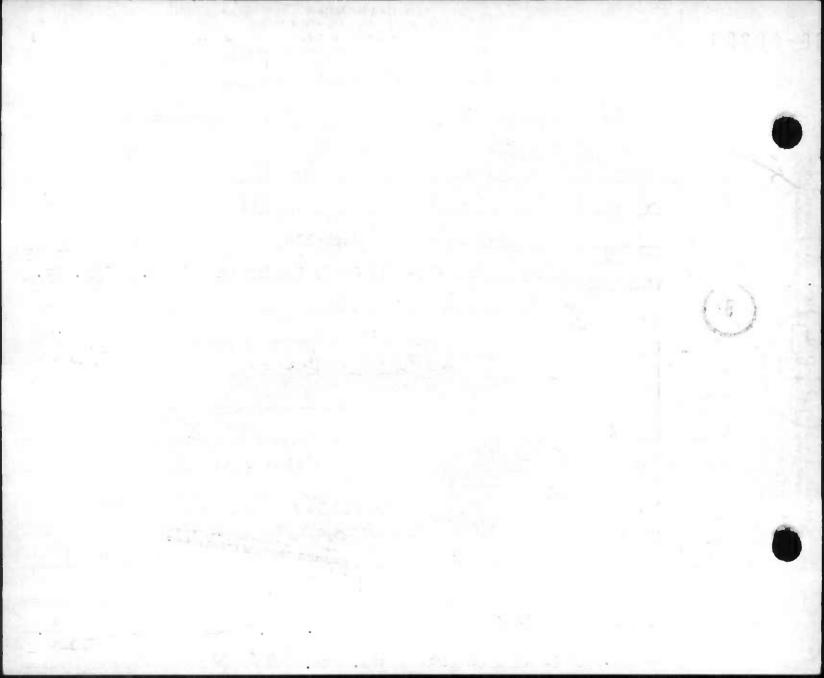
Dundalk, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

7922 Wise Avenue

Sold to the

D



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

NE	8	REG. I	NO.			3	1		9	1
2a. DA	TE OF I	DEATH	MONTH 5	9	DAY 20		YEAR 36	2b. HC	OUR 43A	_
. AGE	(IN YE	ARS LAST B	IRTHDAY)			_	LYEAR		ER 24 HRS	
2	302		YR	5.	MON	IHS.	DAYS	HOURS	MIN.	

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

21237

INDUSTRY

Bell

REGISTRAR DECEASED NAME (TYPE OR PRINT) Henderson Jarah Naomi 5. DATE OF BIRTH 4. RACE 3. SEX MONTH 04 emale BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Baltimore City Maryland U.S.A. WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ITYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Francis Scott Key Medical Center Clerk Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore 8003 Haas Lane Rosedale NO X Maryland 15. MOTHER'S MAIDEN NAME & FATHER'S NAME MIDDLE William Dodd Mary ADDRESS 17 INFORMANT 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Audrey B. Radakovic 214-16-8372 Same as 13e 18. CAUSE OF DEATH (Enter only one couse per line for 101, (b1, and 101.)
PART I. DEATH WAS CAUSED BY: cardio almonera armis? IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which anayla gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Oncumonia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 20h IF YES, WERE FINDINGS USED 200 AUTOPSY? 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from_

COUNTY STATE and that in (my) (our) opinion death occurred on the date and have and from the causes stated sow the deceased alive on. obove, (1) (we) (did) (did not) view the body ofter death DEGREE 226. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) France Scott Kay Medical Center 4940 Euston But

23a BURIAL, CREMATION, REMOVAL Burial

7922 Wise Avenue

FOR - STATE

5/23/1986

23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemeterv

Baltimore

Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

detoched tote Dept.

should be deto with the Stote IMPORTANT: I

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

Dundalk, Maryland

250 DATE REC'D, BY REGISTRAR 256. REGISTRAR'S STONATURE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS 4 59 Thelmo Henriesson 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS SEX 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR 08 46 YRS THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) USA WIDOWED DIVORCED Balzimore 12ª USUAL OCCUPATION M. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 1 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Universize ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Bultunoise NO [1021 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE tenry 1 hora. MAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ITES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST NO BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY AFICST ridiop-low nory IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Bleer Voriceal Conditions, if any, which Esophagent gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NO F CERT 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IE EITHER NOTIFY MEDIC ALEXAMINER) PAA 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STREET CITY OR TOWN STATE AT HOME STREET FACTORY OFFICE FARM ETC I NOT WHILE AT WORK 6 22a.1 certify that (1) (this hospital) attended the deceased from. Man My saw the deceased olive on____ and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS the party of

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

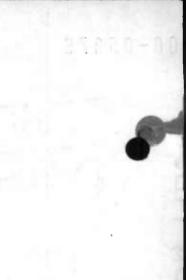
23b. DATE

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE MAY 7 1986



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF REALTH AND MENTAL RYGIENE

	3	1	2

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	13/21
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	NTH OAY YEAR 26. HOUR
(TYPE OR PRINT) ELM	ER	HENNIGAN Sr.	MAY 30,1	
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHO	AY) IF UNDER TYEAR IF UNDER 24 HRS
Male	White	~70 P4 "70	75	YRS
To BIRTHPLACE TSTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	
Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore	(ity MD.
10 CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSII (IF POT IN SUCH FACILITY) GIVE STREET FUNCTION OF THE STREET	NG HOME OR OTHER INSTITUTION ADDRIESS)	120 USUAL OCCUPATION 114PE OF WORK FOR MOST OF W	ORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY AND Steel
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	VN 13d. INSIDE CITY LIMITS?	3012 Dillo	n Street 21224
14 FATHER'S NAME (harles	MIDDLE Hennigan	15. MOTHER'S MAIDEN NA Mamie	ME	Mc Nue LAST
160 WAS DECEASED EVER IN U.S. A			ADDRESS	
(YES, NO OPUNKNOWN) (IF YES, C	212-05-	7739 Anna M. Henri	igan 3012 Di	Uon St. 21224
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)		REST	
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1 0
OPERATION APRIL 17,19 210. ACCIDENT WAS UNDERLYING	WERTEBRAL ANCIONALIST CONDITION FOR WAICH	LE	Las AUTORSV2	AL IE VEC. MEDE EINDINGS LISE
M DATE OF OPERATION				Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
APRIL 17,19			YES NO X	YES NO
OR COLUMNIC COLOR	EATH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN	FITEM 18 PART T OR PART 2)
USE EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE
220 I certify that (I) (mis has sow the deceased alive a above, (I) (we) (did) did	pit 1) attended the deceased from MAY 30 19	APRIL 3 , 19 86 86 , and that in (my conception	to MAY 3 death occurred on the date	ond hour and from the causes stated
22b. SIGNATURE GLO	Je Tuo	DEGREE MD ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAL	11. DATE SIGNED 5/30/86
224 PHYSICIAN'S NAME (TOPE	PRINT)	22e ADDRESS CHUF	RCH HOSPITA	L
K GEORG	E THOMAS MD	100 n.BROA	DWAY, BALTI	MORE, MARYLAND212

BP

should be detached for use os with the State Dept. of Health TO FUNERAL DIRECTOR:

marked or

MPORTANT: If Hem 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. U. Specify Burial 6-2-86 Oak Lawn Cemetery & a 23d. U. Specify Burial 23b. DATE REC'D. 25c. DAT

STATE

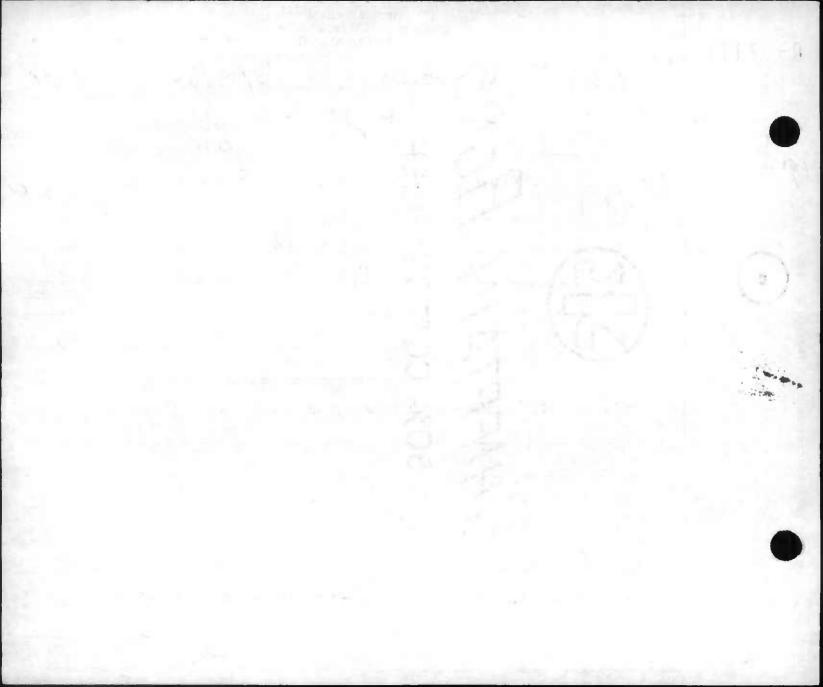
Julia Tavidon Bandare

ALTER CONTROL (SEE SEALO)

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						355
		THE PERSON NAMED IN				

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212017

		1.	FOR STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA		13/22
0717	6		REGISTRAR CEASED NAME OR PRINT)	WIOOFE	CERTIFICATE OF DEATH	REG. NO.	ONTH DAY YEAR 26 HOUR
oy b		3. SE:	CATO	I RACE	(S. DATE OF BIRTH	3/19/80	J. Q.J. M
tor. page 3	1	3. SE.	100	B	MONTH DAY YEA	R	MONTHS DATE HOURS MIN.
Pag	5		RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUN	ITRY? 8.	9 BALTIMORE CITY OR	COUNTY OF DEATH
eoth.	at ohce		OUNTRY) Md	USA	MARRIED MEVER MARRIEI WIDOWED DIVORCE	M A / A	IMORE (ity MD.
frer d	Hed	10/9	TY ON TOWN OF DEATH	1. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTIO	N 120 USUAL OCCUPATION	
n by e filed	- No	26	AL RESIDENCE (IF NURSING HOME OR C	SETON H	BEFORE ADMISSION	Ketired	2 (2 30)
24 ho	mustib	13a. S	TATE Md 136. COUNT	13c CITY OR		/	
Thun 2 sho	ě	14. FA	THER'S NAME		15 MOTHER'S MAIDE	EN NAME	7000
B ES		V	Villiam	Hen Hen	son Hait	MIODLE	Wilson
A.	medito/		VAS DECEASED EVER IN U.S. ARM (IF YES, GIVE	WAR OR DATES) 166 SOCIAL 216-3	SECURITY NO. 17 INFORMANT 34-675/ Delroy H	tenson 10922	Diahu Road
I Jin	ě.		18 CAUSE OF DEATH (Enter only	one couse per line for (on)	b, ond ic		JAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9 ph	6		PART I. DEATH WAS CAUSED IMMEDIATE	CHUCK I	eumoura		72 hs.
oth ce endin corb	troumotic		L Loy L	DUE TO, OR AS A CONS	SEQUENCE OF		1 Danc
e dec move	trou		Conditions, if ony, which gove rise to immediate	(b)	24.212		1200/
Not the by the ose rect.	other		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF		
gned an ple burio	٧, ٥	_	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 11a
requirensi	olini —	Į Š	mectad Multi	ple, Cener	Decubiti Ulcu	-	
os be os bermine prima	Kuo Sw	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
N: The	3 shows	ERT	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY O	YES NO COURRED (ENTER NATURE OF INJURY	YES NO NO NITEM 18 PART 1 OR PART 2}
Clan phy prtific of tro	Item 18		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR		
HYSI inding this ce buri	ō	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOW	N COUNTY STATE
offer the	morked	8	AT WORK NOT WHILE	(AT HOME STREET, FACTORY O	FFICE FARM EIC)		
NDIN NO or NS Aff	S S		22a i certify that (1) (this hospita			86 . 10 .5-1	9 . 19 EC, that (I) (we) lost
ATTE ospito CTO d for	n 21		sow the deceosed olive on above, (1) (we) (did) (did not	view the body ofter death.	9	pinion death accurred on the date	e and hour and from the couses stated
Ok he he DIR	If Hem		76. SGNATURE	. 0	DEGREE	ING MEDICAL STAFF	27E DATY SIGNED
HOSPITAL ined by th FUNERAL wild be dete	Z -		22 PHYSICIAN'S NAME (TYPEOR	PRINTI	PHYSICI 22e ADDRESS	IAN DIRECTOR PHYSICIA	N 3/30/86
O HOSI	MPORTANI		SAMIE PUNZ	ZALAN	5214 6	Jardal Ra	el.
TO F shoul	× ·	23a. E	URIAL CREMATION REMOVAL	23b. DATE	234 NAME OF CEMETERY OR CREMAT	TORY 23d LOCATION	
BP			Burial	5/23/86	Mt Auburn Cemeter	y Baltimore	COUNTY
DHMH - 16 60M		24 FI	neral director arche Funeral Hom	10 Mast 1200ADB	Tabach Avenue	MAY 27 BY 1986 AP 1	RECHARAGE ATURE
(VRA 15, 4)		1,10	it chi l'unet a i non	E MEST 4300 N	Manasii Avenue		The state of the s



	Y		STATE	OF MARYLAND		
06400/	1.	FOR STATE REGISTRAR		EALTH AND MENTAL HY CATE OF DEATH	0 0 1	3/23
6	1. DE	CEASED NAME FIRST	MIDDLE L.	NST	REG. NO.	DAY YEAR 2b. HOUR
3 75/1		COR BRIDGE	MES FREDERICK H	ERING	0.5	11 86 1605 M
hood bood	3_SE		4. RACE 5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1 00 -	1	Male	White Oct.		77 YR	MONTHS DATS HOURS MIN.
The state of		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8	V -	9. BALTIMORE CITY OR COU	NTY OF DEATH
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MD	USA WIDOWE	DIVORCED	Baltimore	
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
by Willed		Baltimore	Mercy Hospital		Purchasing D	ept. JHH
d be in	130.	STATE 13b CC		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	21210
hould b	1	MD -	Balto.	YES X NO		ersity Pkwy.
nd 2 s	14. F	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDENN Eva	ALIDDIE	mpton (AST
5-0	140.3	VAS DECEASED EVER IN U.S.	Hering ARMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	Прсоп
Pogs Pogs medicol			GIVE WAR OR DATES) 212 05 6866	Katharine	G Honing	Same
icion pers. P	-			Naurar tre	O. Herting,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physic on pop emovo event,		PART I. DEATH WAS CAL	ONLY ONE COUSE PET line for (0), (b), and (c). USED BY: Plate CAUSE (a).	140 CARDIAL	MEADETIAN	Lerother han
rbor r rer ricev		IMMED		110 01110111		
ottendi ove cor fion, o		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	NEAR PISE	AS S	
he of emo- moti		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
by to assert.		underlying cause last.	(c)			
igned en pleo buriol ury, or		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COMPITION	GIVEN IN PART 110
The or to	CERTIFICATION	Recen (ereborascula accident	Peart	Myo Carles 1-	iterate
s be ermit	N N	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
cion.	4 2	21g, ACCIDENT WAS UNDERLYING	1216. TIME OF INJURY	Tak How Millipy occu	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO
g physicic certificate riol-transit antal Hygin them 18 sho		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR	ZIC HOW INJURY OCCU	KKED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM	P.M. 19	21f LOCATION		
After this se os the bu	ME	WHILE IN NOT WHILE IN	(AT HOME STREET, FACTORY, OFFICE FARM ETC.)	STREET	CIN OFTOWN	COUNTY STATE
Afte e os olth o	1	AT WORK AT WORK	ospitol) attended the receased from	29 10 8	6 5/11	1986 that X (we) lost
	1	sow the a ceosed olive	on 5/ 1/ 19 0 or	d that in (my) popinion	n death occurred on the date and	
e hospitol DIRECTOR. sched for u Dept. of He	1	22b, S GNATURE	port view the bady ofter death.	DEGREE		22c DATE IGNED
the Direction of the Di	П	W.	-+ (au/	ATTENDING PHYSICIAN	MEDICAL STAFF	5/11/8
FUNERAL vid be deto	1	22d, PHYSICIA TENAME IT	PE CA PAINTA	220. ADDRESS	- DIRECTOR - THISICIAL	9 11/10
TO FUNERAL should be determined by the Store with the Store IMPORTANT:		JOHN	F CARY()	301 ST Bil	ST. Bulter	vare 21202
ishout with	23a	BURIAL, CREMATION, REMOV	AL 135 DATE 23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
BP		Burial	5/14/86 St. Jo	hn's	Ellicott C	ity, MD STATE
HMH - 16 50M 4/82	24. F		y W. Jenkins & Sons	Co.	JE REC D. WAR STRARTING REC	MSTAM'S ALGNARURE
				MIN IMP	1 1 1 1999	
(VRA 15, 4)	4	905 York Ro	ad Balto., MD 212	212		

Day . H OIRECERT FE . -Purchasing Dans. , FF 104 W. University Pand. .03/25 00-1-4 Fritz Eva 218 DE 0868 Katharino G. Hunim, como La El the test of the second of the Surfal Strange St. John Is Blicott Dity, No. Hanry ... Jan ins & sons Ja.

ISIS York Fors Fatto,, No. 21218

0 -	05526	1.	FOR 5/6/86 rj STATE REGISTRAR	a (EALTH AND MENTAL HYGICATE OF DEATH	IENE S O REG. NO.	13/	2 4
	4 may be		CEASED NAME FIRST OR PRINT) X	MIDDLE M. W. Whit	S DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	SONTH DAY YEAR SONTH DAY SONTH DAY SONTH DAY SONTH DAYS	701
**	er death. Page timera lerest	7 1	RTHPLACE ISTATE OR FOREIGN COUNTRY) TY OR TOWN OF DEATH		MARRIE WIDOWE , NURSING HOME C	7 /8 DENEVER MARRIED DONORCED DONORCED DONORCED DONORCED	9 BALTIMORE CITY OR BALT 120 USUAL OCCUPATIO	I IZE MIND C	MD.
MARYLAND 21201	othin 24 hours offi right miles, in toy im conduction likelia about qualities notice	136	Balt. AL RESIDENCE (IF NURSING HEARE STATE MD A KTHER'S NAME FIRST.	.A. An	SIVE STREET ADDRESS) SE BATT. 6 NCE BEFORE ADMISSIONI OR TOWN LE Arun del LAST	13d. INSIDE CITY LIMITS? YES NO X 15 MOTHER'S MADEN NAM		e W.R.G	
BALTIMORE, MAI	be executed w		- 1 111	ARMED FORCES? 16b. SOC	Man IAL SECURITY NO. 29056	Eva 17 INFORMANT Pauline M.	ADDRES	me as 13	ham
201 W. PRESTON ST.,	quires that the death certificate signed by the attending physic her please remave carbonopop to burial, cremation, or remaval jury, or other traumatic event,	No	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	SED BY: IATE CAUSE (a) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c)	ordio representations of the transfer of the t	espiratory latic CA	Arrest of Lung		MMATE INTERVAL ONSET AND DEATH
OF VITAL RECORDS.	YSICIAN. The law reciding physician. s certificate has been build-transit permit. The build-transit permit. The mental Hygiene prior if them 18 stows any in them 18 stows any in	CAL CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETIMER NOTIFF MEDICAL EXAMI	DEATH HOUR A.M. MON	R WHICH OPERATIO	N WAS PERFORMED	YES NOW	206. IF YES, WERE FINDS IN CERTIFYING CAUSES YES IN ITEM 18 PART 1 OR PART 2)	
DIVISION OF	TIENDING PHYS pital ar attendin TOR After this of far use as the bur of Health and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22u.1 certify that (1) (this have saw the deceased alive approximately (1) (we) (did (did)	21e PLACE OF INJUR (ATHOME STREET, FACTOR on 24 3 nat) view the body after dea	od from	21f LOCATION STREET 2 U 19 86 and that in (my) (aur) apinion of		19.86.	state that (I) (we) lost causes stated
	TO HOSPITAL OR A retained by the hosp TO FUNERAL DIREC should be detached 10 with the State Dept 10 with the State		22b. SIGNATURE	nes		22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA MEDICAL STAFF	AN D P	4/86
	5 € 5 € ¥ ₹ —	23a. I	BURIAL, CREMATION, REMOV	AL 23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		

Film G615 item 22a,b

DHMH - 16 60M 7/84

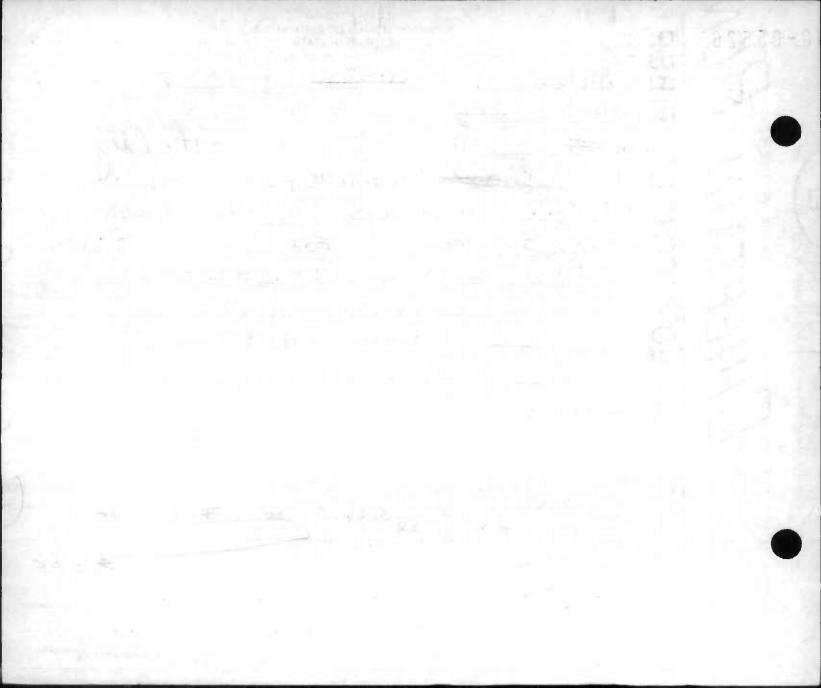
(VRA 15, 4)

Glen Haven Mem. Pk. | Glen Burnie A.A. MD^{NATE} Burial 7 May 86 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MAY 5 1986 Julia Jundam - Handar 24 FUNERAL DIRECTOR MAY 5 James S. Kirkley Glen Burnie MD

STATE OF MARYLAND

126. WIND OF BUSINESS OR W.R.Grace - Ret.



(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	8	Č REG. NO.	1	3	1	2	
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2	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE O NO.	13/	2
		EASED NAME FIRST		MIDDLE	Ł	AST	20. DATE OF DEATH MONT	H DAY YEAR	26 HOUR
	ITTE	AGNES		C.	HEYM	ANN	May 16, 198	6	2:06
3	. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24
		Female	White			2, 1899 YEAR		YRS.	
d		ethplace (state or foreign ounter) Maryland	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore C		
2	0. CI	Baltimore		HOSPITAL, NURSIN CHEACILITY, GIVE STREET Samari to		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housewife	KING LIFE) 126. KIND O INDUSTRY	F BUSINESS
5	15UA 30. S	L RESIDENCE (IF NURSING HOME TATE Maryland		130 CITY OR TOW Baltimo		13d. INSIDE CITY LIMITS? YES A NO	3615 Mary Qv	e. 21206	
		THER'S NAME Jacob	MIDDLE	LAST W	agner	15 MOTHER'S MAIDEN NA/ Mathilda	ME MIDDLE	Goe	tz
1	6a. W	AS DECEASED EVER IN U.S. A	RMED FORCES?	213-52-		Mrs. Margare	ADDRESS et Weisheit	Same as #	13e
	1	PART I. DEATH WAS CAUS IMMEDI Conditions, if ony, which gove rise to immediate couse (of), stofing the	DUE TO, C	DR AS A CONSEQUE		0	arrest		
	CERTIFICATION	PART 2 THER SIGNIFICANT	atri	al fil	ril		20a AUTOPSY? 20b.	IF YES, WERE FINDINCERTIFYING CAUSES	NGS USED
-67		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CIFEITHER NOTIFY MEDICAL EXAMINATION	EATH HOUR A	DFINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, F	-	214 LOCATION STREET	CITY OR TOWN	COUNTY	STA
		22a.1 certify that (1) (this has saw the deceased alive above (1) we) (did) (aid	pital) often d t	he deceased from_ 19_ at er death.			death occurred on the date ar	nd have and from the	that (1) we
_		THE PHYSICIAN'S NAME (199	ugl	lus ?	no)	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	5/1	7/81
/	-	Rosemary C	livo, M.	D.		Mercy Hos	spital		
2	3a. B	URIAL, CREMATION, REMOVA SPECIFY) Burial	236. DATE			emetery or crematory s Of Faith	23d LOCATION CITY OR TOWN Baltimo	re. Maryl	and
B4 2	4. FL	NERAL DIRECTOR		ADDRESS		25a. DAT	E REC'D. BY REGISTRAR 256 R		URE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	3	1	2	6
	REG. NO.				

72	1.	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYD RTIFICATE OF DEATH	GIENE 8 6	3 / 2 6
		CEASED NAME FIRST E OR PRINT] MAGGIE	HICKS	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
	3. SE	EMALE	Cos "	ATE OF BIRTH AONTH DAY VEAR 1 - 12	74 YRS	UNDER LYEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.
at co	S	ITY OR TOWN OF DEATH 111.	// // ^	RRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY O	CITY MD.
00	1	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS	ON AUE	(TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
36	130 5	ARY'L AND		13d. INSIDE CITY LIMITS? YES 1 NO 1		AUR 31217
	1.	DAVIO HICI	CONTEST THE SOCIAL SECURITY	ISABELLE	MIDDLE	LAST
e med		(IF YES, GIVE WA		1.4.1	BRONSON 34721	
event, th		18. CAUSE OF DEATH LEnter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	Y: TA	LAB- NESTIN	Mory	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r ather troumotic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE C	Monta	ME CHEMIT FAM	ne yours
injury, o	NOI	PART 2 OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	IN PART To
ows ony	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH? NO
ltem 18 s	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YE P.M.	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	ORPART 2)
orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
m 21 is mo		22a I certify that (I) (this haspital) saw the deceased alive an above, (I) (we) (did) (did not) vi			, to 19 death occurred on the date and hour o	nd from the couses stated
NT. #		226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE OR PRI	lo then is	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	5-V2-86
MPORTAN		Enili	o Rumos	UMERS	m of mo. H	ose:M
	Ti	LSPECIFY)	5-24-86 Mo	VAT PARIZ	LAURAL P. C.	OUNTY MASTATE
7/84	V.	OSEPH L. RUSS	2222 W. Non-1	+ AUE MA	TE REC'D. BY REGISTRAN 256 REGISTRAN AY 26 1986	R'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician is should be detached for use as the burial-transit permit. Then please remove carbon papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

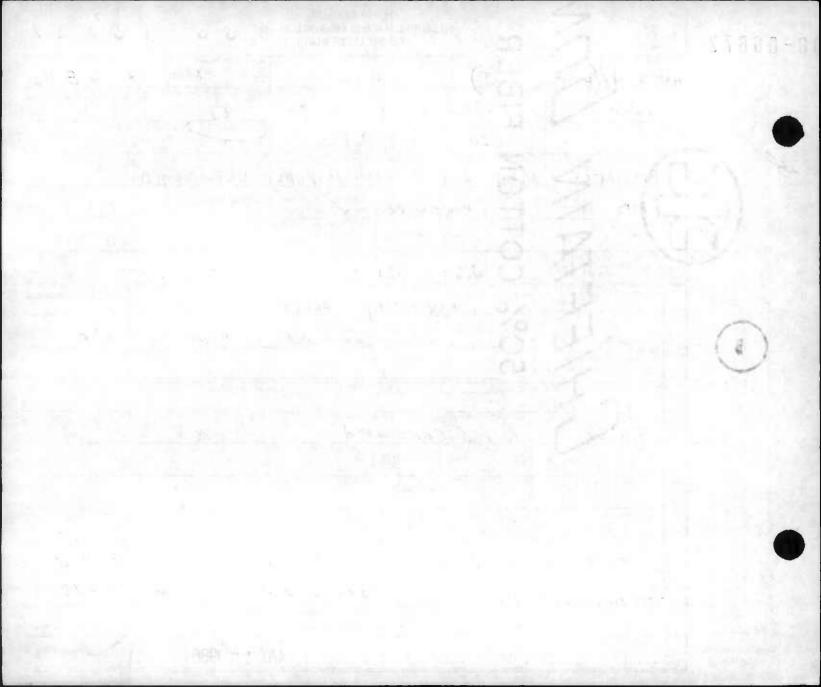
ATTENDING PHYSICIAN: The law requires that the deoth certificate

retained by the hospital or ottending physician.

BP

27771-00 Extra 7. Let 1 to 1 to 2 de All delice Self College with His comment THE RESERVE OF THE PARTY OF THE Marine Commence of the State of the Commence o and the second of the second of the

0-06672	FOR STATE REGISTRAR DECEASED NAME FIRST	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	TH REG. NO	
noy be	(TYPE OR PRINT) ANTHONY (AKTHU		HILL Is DATE OF BIRTH		Ay 14 86 8:45AM
cbor. F	FEMALE	BRACK	MONTH DAY	39 47	MONTHS DATS HOURS MIN.
O 135	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COU	MARRIED NEVER MARI	RIED	CITY MD
-5 49	BALTIMOCE	NO RTH CHA	neces GEN. Hosp	ITYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY
State of the state	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COU		TIMORE YES V NO	533°E.38tl	i ST. 21218
MARYL bmpletel 5nd 2 5nd 2	ANTHONY	WIDDIE	L SR. IS MOTHER'S MA	SE MIDDLE	HENDERSON
IMORE,	160 WAS DECEASED EVER IN U.S. A NO OR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIA	LINDA H	addre ILL 316 MELVIN A	
T., BALT	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		ESPIRATORY AR	etst	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAN ING PHYSICIAN. The low requires that the contending physician. When this certificate hos been signed the physician ond completel the ost the burial-tronsit permit. Then plen in paperis. Poges 1 and 2 into and Mental Hygiene prior to burial and mental Hygiene prior to burial orked or them a wool.	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, ON AS A CON 16) Lenal DUE TO, OR AS A CON (c)	adeno Careino		Justic 220
VITAL RECORDS, N. The law requiring visition in the law requiring to the law requiring the law rough in the	TIO. ACTION TWO SUPPRISHING [Republication of Injury	WHICH OPERATION WAS PERFORME CARCINOSIA THE DAY YEAR 216. HOW INJUR	200 AUTOPSY? YES NOW Y OCCURRED (ENTER NATURE OF INJUI	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO THE NOTION OF PART 2)
DIVISION OF VII DING PHYSICIAN. or after this certificat e as the burnal-tron alth and Mental Hy morked at Item 8 8	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE TID.) VINITUDE CONTRIBUTION CONTR	AIH	19 211 LOCATION	CITY OR TO	., 0/
OR ATTEND or hospital or DIRECTOR: A cocked for use Dept. of Heal	22a.l certify that (I) (this hasp sow the deceased alive a above (I) (we) (did) (did n	ot view the body ofter death.	DEGREE ATTE	NDING & MEDICAL STA	19 0 thor (I) (we) lost one and hour and from the causes stated
TO HOSPITAL O etained by the TO FUNERAL DI should be detack with the State De With PROSTANT; If he with the State De MAPORTANT; If he MAPOR	228 PHYSICIAN'S NAME (TYPE	1 Sho	200 W	COLD SPRING	
BP	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	5–16–86	230 NAME OF CEMETERY OR CREA	IAL LAUREL	MARYLAND STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR WM.C.MARCH F/H	INC. 1101 E.N.	TH AVENUE	MAY 1 5 1986	25b. REGISTRAR'S SIGNATURE



00-0676

	STATE	OF	MARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.					

FOR STATE REGISTRAR		DEPAR		EALTH AND	MENTAL HYGI DEATH	IENE 8	O REG. NO.		3 /	2	8
1. DECEASED NAME FIRST (TYPE OR PRINT) JAMES	Ε.	NIDDLE	HILL,	JR.		2a. DATE OF		NTH D	VEAR SE	26. HOI	UR 35 KAN
3. SEX	4. RACE		5. DATE O			6 AGE (INY	EARS LAST BIRTHD		FUNDER I YEAR	IF UNDER	R 24 HRS
Male	White		Jan	· 21	, '1929	57		YRS.	DATS	HOURS	MIN.
HRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF		Y? 8. MARRIED WIDOWE	NEVER	MARRIED		more C:	COUNTY	OF DEATH		MD.
10. CITY OR TOWN OF DEATH Baltimore		Scott	Key Me	dical	Center	(TYPE OF WORL	CCUPATION FOR MOST OF W - Exhi	ORKING LIFE	12b. KIND INDUSTRY Decors		ESSOR
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COUN Maryland		GIVE RESIDENCE BEF 136 CITY OR TO Balttmo	NWO	13d. INSIDE (NO [13e STREET 913	ADDRESS Spang.	ler W	ay 2	1205	
14. FATHER'S NAME FIRST James E.	MIDDLE	Hill, 'ASI	2.		s maiden nan atherine		MIDDLE I		White'	AST	
16a. WAS DECEASED EVER IN U.S. AR LYES NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMA	ANT		ADDRESS	100	£15 K		
NO NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!	214-24-	8102	Mrs.	Ida G.	Hill	Same	as #	13e		
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (19) DATE OF OPERATION	DUE TO, OF	R AS A CONSECUTION FOR WHICE	OUENCE OF			INAL DISEASI	PSY? 2	Db. IF YES.	N IN PART 1 WERE FIND	INGS USE	D TH?
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCIDENT WAS UNDERLYING OF DEAL OF THE PROPERTY OF THE PRO	USE OF DEATH HOUR A.M. MONTH DAY YEAR (LEXAMINER) P.M. 19			YES NOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR I			RT 1 OR PART 2)	NO [
WHILE NOT WHILE AT WORK		EET, FACTORY, OFFIC	E, FARM, ETC)	STREE			CITY OR TOWN		COUNTY		STATE
27a I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no 27b. SIGNATURE	22a L certify that (1) (this hospital) attended the deceased from sow the deceased alive on 19, and that in (n above, (1) (we) (did) (did not) view the body after death.						on the date	-4	ond from the	that (I) (e couses st	toted
23- DUDIAL COS HATION STATE	In save		NAME OF S	10/0		Ind ice	TION		4,40		
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 5-17-8		Cando	ns of	337-5	23d. LOCA	ORTOWN		COUNTY		STATE
24 FUNERAL DIRECTOR	7-17-0	50	Garde	HS OI			altimo				

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

Leonard J. Ruck, Inc.

Baltimore, Md.

250. DATE REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE
MAY 1 6 1886 Fine Davidson-Annualize

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To 6917 11 1881 01200

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the the entitione be executed within 24 hours after death. Page 4 may be retained by the hospital at attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed in the compact of any completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then plants are compacted for use of Health and Mental Hygiene prior to be seen to be a supported by a Health and Mental Hygiene prior to be seen to be a supported by the State Dept. of Health and Mental Hygiene prior to be seen to be a supported by the State Dept. of Health and Mental Hygiene prior to be seen as the supported by the State Dept. of Health and Mental Hygiene prior to be seen as the supported by the State Dept. of Health and Mental Hygiene prior to be seen as the supported by the State Dept. of Health and Mental Hygiene prior to be seen as the supported by the State Dept. of Health and Mental Hygiene prior to be seen as the supported by the State Dept. of Health and Mental Hygiene prior to be seen as the supported by the State Dept. of Health and Mental Hygiene prior to be seen as the supported by the State Dept. of Health and Mental Hygiene prior to be seen as the supported by the State Dept. of Health and Mental Hygiene prior to be seen as the supported by the State Dept. of Health and Mental Hygiene prior to be seen as the supported by the State Dept.	IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other traumatic event, the medical examiner must be racified at ance.
	TO HOS	should with the	IMPORT

DHMH - 16 50M 4/83 (VRA 15, 4)

00-0859

	,	Item 139 FOR 10-13-86 A	136.	DEPARTN		E OF MARYLAND IEALTH AND MENTAL HYG	IENE R 6		3 /	3 0
4		REGISTRAR DO TONO	one	MIDDLE		ICATE OF DEATH	REG. NO	D. MONTH DAY	YEAR	26 HOUR
		OR PRINT)		MIDDLE			M. DATE OF BEATT	5 25	86	78 HOOK
	3. SE	Anna Anna	4 RACE		5. DATE C	lse DE BIRTH	6. AGE LIN YEARS LAST BIR		JNDER I YEAR	# UNDER 24 HRS
7		male	Whi	te	MORITI		97	YRS.	THS DAYS	HOURS MIN.
7		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED D	9. BALTIMORE CITY O Baltimo	_		MD.
1		TMANY ITY OR TOWN OF DEATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATO		12b. KIND O INDUSTRY	F BUSINESS OR
		ltimore City		White Ave		21206	Housewife		Tomema	king
5	130. S	AL RESIDENCE I IF NURSING HOME O STATE 13b. COU		131. CHTY OR TOWN		YES NO	576 ADDRESS	ZIP CODE	e. Z	1206
0	14. F.A	ATHER'S NAME FIRST Michel	MIDDLE	Hilmer		15 MOTHER'S MAIDEN NAM	ME		Bu	
		WAS DECEASED EVER IN U.S. AL		16b. SOCIAL SECU		17 INFORMANT	ADDRE	SS	Da	.54
		YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	218-48-	1485	Anneliese Sc	heurer 5769	White	Ave.	21206
	CERTIFICATION	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O (b) DUE TO, O (c) CONDITIONS C	RAS A CONSEQUE HYPEY RAS A CONSEQUE A + Y 12 DOTRIBUTING TO D	ENCE OF LEATH BUT	SIGU SIGU NOT RELATED TO THE TERM	IN AL DISEASE OR CON	20b. IF YES, W	8 y Sy IN PART 110	IGS USED
1	RTIFIC						YES NO	IN CERTIFYIN		OF DEATH?
1	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTHEY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOTH WHILE AT WORK	R) P 21e. PLACE [JAT HOME ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	19	211 LOCATION	CITY OR TO	wn	COUNTY	STATE
		220. I certify that (I) (this hospital) attended the deceased from 1/2/6/1, 19, to 3/2/19, that (I) (we) lost sow the deceased alive an 19, ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
		22b. SISSMATURE	21.	Jash	el i		MEDICAL STA		3 -	27-84
		Jason H. Gas		D. (342-	1234)	637 S. Conk	ling St. F	alto.,	Md.	
		Burial, cremation, removal Specify Burial				emetery or crematory	23d. LOCATION CITY OR TOWN	ltimore	ounty Mar	yland
	24 F	UNERAL DIRECTOR NAME -355mhu Fune	to 1 Ha	THE ADDRESS	ol B	Alpir Rd. 250. DATE	2 1900 Ju	25b. PEGISTRA	RS SPANN	Me :

	19	= 111			
	O STATE OF STREET				
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ed in by the funeral director, page 3 d be filed within 72 haurs after death

STATE OF MARYLAND

8	REG. NO.	1	3	7	3

1.	FOR = STATE REGISTRAR		CERTIFICATE OF DEATH 8 REG. NO. 1 3 7 3 1							
	CEASED NAME FIRST (E OR PRINT) EVELYN X		DES OF BIRTH	2a DATE OF DEATH MONT	24-86 5:00 M					
7a. B	IRTHPLACE (STATE OR FOREIGN 7b.	WHITE MY	TH - 13 - 1918 ED	9 BALTIMORE CITY OR CO	YRS. DUNTY OF DEATH					
1	COUNTRY) MD.	MARRI WIDOW NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUGMEACH LOTS GIVE STREET, ADDRESS)	/ED DIVORCED	BALTO 124 USUAL OCCUPATION (179990 WORK FOR MOST OF WORK	MD 12b. KIND OF BUSINESS OR INDUSTRY					
USU 13a	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY	RER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c, CITY OR TOWN BALTO	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP	CODE 2/224 ULDIN 57.					
	ATHER'S NAME MIDI	WOLFERMAN	15 MOTHER'S MAIDEN NA	1/E MIDDLE	EVANS					
	WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE W.		THEODORE R	Hires SR.	SAME AS DE					
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		pulmono	ary Arr	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ST Immediate					
	Conditions, it ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	titial lu	ng diseas	e 2 years					
CERTIFICATION	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BU		20a AUTOPSY? 20b	. IF YES, WERE FINDINGS USED					
RIFIC	2 a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Tale HOW INTERPROCEUR	YES NO YES NO						
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	3	KKED (ENTER NATURE OF INJURY IN II	TEM TE PART I OKPART 23					
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
	220.1 certify that (1) (this hospital) sow the deceased alive an above, (1) (we) (did) (did nat) vi	19		death occurred on the date a	nd hour and from the causes stated					
	276. SIGNATURE	y. Carlton	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	D 226/86					
	Debra	Carlton, Mi	3411 1	3ank St	· Baltimore					
L	BURIAL	236. DATE 236. NAME OF SARRISA	CEMETERY OR CREMATION.	23d. LOCATION City or town	BACTO CO PD					
24 F	OFFMANN-SKAR	DA 32180AUDSON	U ST. 250 DA	TE REC'D. BY REGISTRAR 25L F	REGISTRAR'S SIGNATURE					

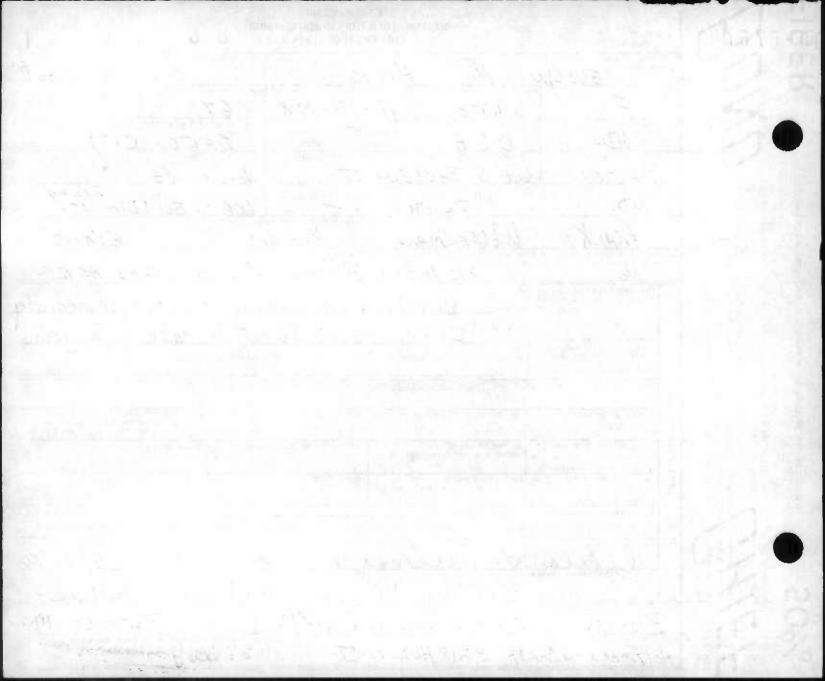
DHMH - 16 50M 4/83 (VRA 15, 4)

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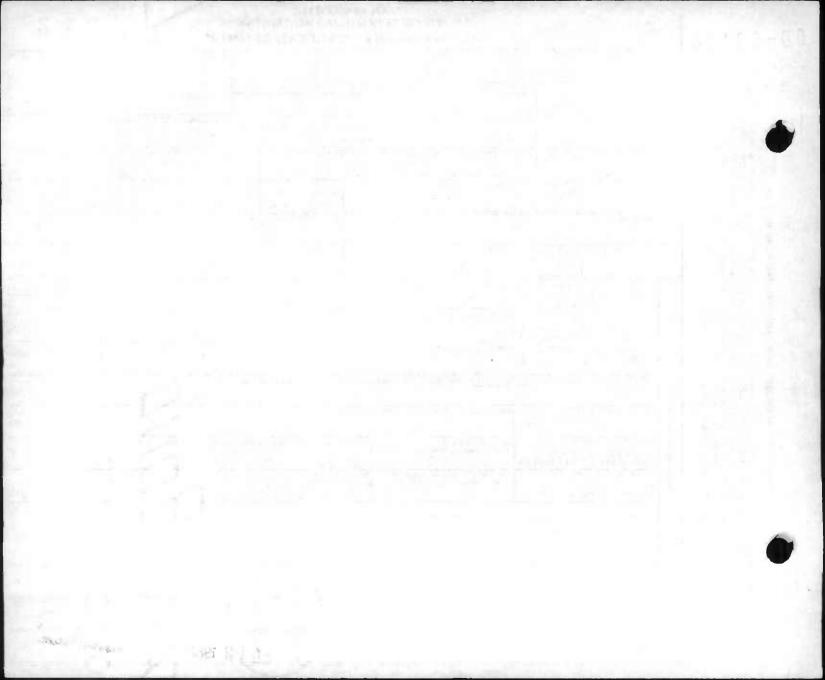
TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Page: with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be

retained by the haspital or attending physician.



20M 4/82



	1			STATE OF MARYLAND			. 650 3	my -y
00-06723	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MEN CERTIFICATE OF DEA		3 6 REG. NO.	13/	3 3
may be poge 3 c	411)	CEASED NAME FIRST POR PRINT)	MIDDLE	History	SR.	OF DEATH MONTH	-12-86	3 p.M
age 4 ma rirector, po rurs after	3. SE	m	RACE	5. DÂTE OF BIRTH MONTH DAY	04	(IN YEARS LAST BIRTHDAY) MORE CITY OR COL	MONTHS DAYS	HOURS MIN.
death. Performed distribution of the state o		COUNTRY	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MAR WIDOWED DIVOR	RCED	BALVIMONIAL OCCUPATION	e City	MD.
n by the	1	Kartimore 1	(IF NOT IN SUCH FACILITY, GIVE STREET THER INSTITUTION, GIVE RESIDENCE BEFORE	LOSOITAL	(TYPE OF	Refired	ING LIFE) INDUSTRY Steel	BUSINESS OR BEHILDE
rian 24 ha	13i.	STATE 36 COOT	HO BAHIA	Activities to the second secon	0 2 8	ET ADDRESS / ZJP (hay Kd	2122
BALTIMORE, MARYLAND 2 The be executed within 24 ho ton and campletely filled i tours. Pages 1 and 2 should b tours. Pages 1 and 2 should b tours. Pages 1 and 2 should b tours.		HIDER-T WAS DECEASED EVER IN U.S. ARM		urity NO. 17 INFORMANT	rietta	ADDRESS	Hym	nan
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or nd co		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS			
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he death and he death he death and he death		Canditians, if any, which	DUE TO,	OR AS A CONSEQU	IENCE OF					
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The law requires the offending physician. After this certificate has been signed to st the burial-transit permit. Then plea to an Amental Hygiene prior to burial, the and Mental Hygiene prior to burial, arked ar Item 18 shows any injury, are	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?		
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OR ATT e hospin DIRECT oched for Dept. of		27h SIGNAPORE	11 6	061.		DEGREE	NEDICO.	22c. DATE SIGNED		
AL the Trib		Duyor	1,0	ASM !	MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	15-13-86		
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		BURIAL CREMATION REMOVE Burial				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE		
BP	-		5/16	1=0		Park Cemetery	Baltimore	Maryland		
DHMH - 16 60M 7/B4 (VRA 15, 4)	7	eroy M. & Russ 630 Edmondson	Avenue,	Vitzke Fur Catonsvil	geral le, Mo	Homes P. A 250 DAIL	MAY 1 4 1986	STRAN S STUNATURES NOTE:		

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-06699 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO KNOWN T L DECEASED NAME (TYPE OR PRINT) OF E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS Hockaday DEATH MATED William Thomas 0 19 86 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 8:24A 1915 Male Black 7 31 70 DEAD 10 1986 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? Separated 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) City U. Baltimore N. Carolina WIDOWED [DIVORCED IB. CITY OR TOWN OF DEATH 12d USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRICE) 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1621 Laurene Baltimore Street Auto Mechanic Body Shop LISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRES 621 Laurens Street 13d. INSIDE CITY LIMITS? 13a STATE 13b COUNTY NO Baltimore, Maryland Maryland Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST William Hockaday Carrie Thomas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO. 7 INFORMANT 2809 Lafavette Avenue NO 218-05-9282-A Carrie Hockaday Baltimore, Maryland 21216 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease Years DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS A B OF HEALTH A JRIAL, CREMA CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURN YES [] 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 21E LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted Accident Undetermined manner TITLE (SPECIFY) ACTUAL May 10, 86 Chief SIGNATURE MEDICAL EXAMINER EXAMINER'S NAM John E. Smialek, M.D. 111 Penn Street, Balto., MD 21201 TYPE OR PRINT ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 5/14/1986 Arbutus Memorial Park Baltimore. Marvland 07/84 25M 24 FUNERATER SONS FUNERAL HOME, 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 17 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VR A15 ME (5))

(1)

DHMH - 16 60M 7/84

(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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		REG. NO.			

01-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	CIENE 8 6	1 3	130
1. DEC	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR A
1, SEX	Ruth	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
	Female RTHPLACE (STATE OR FOREIGN COUNTRY)	Black 76. CITIZEN OF WHAT	COUNTRY? 8 MARRIE	29 06 ED NEVER MARRIED DIVORCED DIVORCED	80 9 BALTIMORE CITY O		TH MD.
1	Maryland TYOR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FACIL		OR OTHER INSTITUTION Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAK	ON 12b KI F WORKING LIFE) INDUS	ND OF BUSINESS OR
III S	AL RESIDENCE (IF NURSING HOME OR STATE 134 COUN MILE STATE 134 COUN MILE STATE 134 COUNTY	OTHER INSTITUTION GIVE RE ITY 136. C B	sidence Before admissioni ITY OR TOWN alto.	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA Maud ^{ERST}	13e STREET ADDRESS A	ZIP CODE	21201 ev
16n V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 S	OCIAL SECURITY NO. 7-12-7288	17 INICODALANIT	ow Bockin	55	avendBlvd
CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C Multiple 19a DATE OF OPERATION	DUE TO, OR AS A	CONSEQUENCE OF SPIRATION CONSEQUENCE OF BUTING TO DEATH BU Seizure I FOR WHICH OPERATIO	Diserder	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA	INDINGS USED USES OF DEATH?
MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	HOUR A.M. A.P.M. 21e PLACE OF IN.	MONTH DAY YEAR	216. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJUI		
	270. I certify that (I) (this hasping sow the deceased alive an above, (Diwe) (did) (did no 27). SIGNATURE THE PHYSICIAN'S NAME ITYPE CONTROL OF	May 3	deoth. 19 86 , d	DEGREE MD ATTENDING PHYSICIAN 22e ADDRESS	deoth occurred on the de	FF IM	m the couses stoted
	BURIAL, CREMATION, REMOVAL ISRECIFY Removal	23b. DATE 5-7-86	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
24 FL	NAME Anatomy	Board	ADDRESS Balt		re rec'd. By registrar / 1 5 1986	256 REGISTRAR'S SIG	SUATURE

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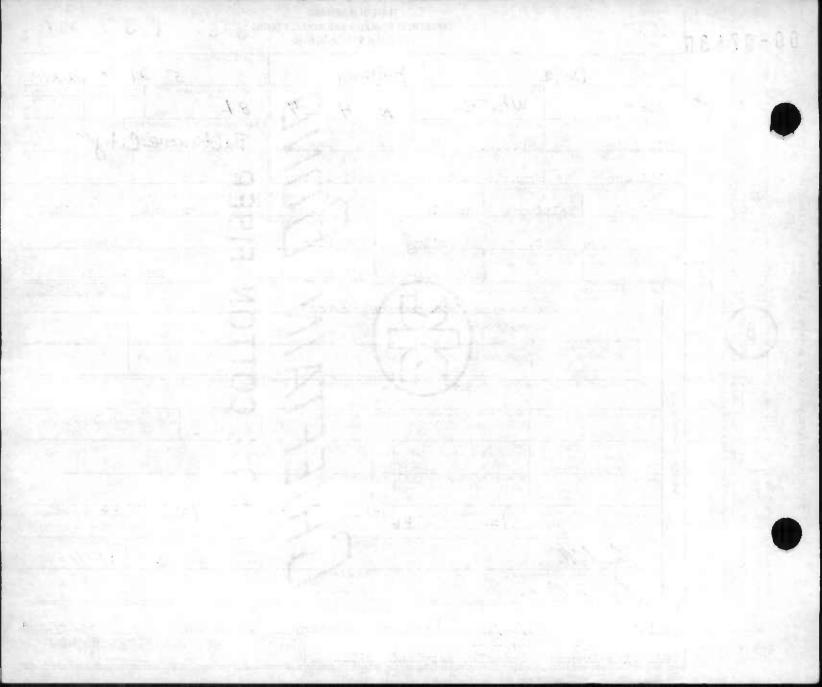
7922 Wise Avenue

STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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430	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 O REG. NO.	13/	5 /
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		Dela Dela		Hot	Fman	5	- 21 86	12.29PM
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10		Female	White	10	4 04	87	YRS.	
rt once.		RTHPLACE (STATE OR FOREIGN OUNTRY) irginia	U.S.A.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR Baltimo	COUNTY OF DEATH	MD.
2/	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		12a USUAL OCCUPATION	VORKING LIFE) 12b. KIL	OF BUSINESS OR
2	Ba	Itimore	Francis Scott		ical Center	Housewife		
22	13a. S	TATE VI31 COUN	TY 13c. CITY OR	TOWN		13e.STREET ADDRESS / 2		
2			imore Dunda	1k	YES NO X	1927 Cedar	Lane	21222_
200	H FA	THER'S NAME	AIDDLE LAS	T .	15. MOTHER'S MAIDEN NAM	ME		LAST
201				llum	Etta		Br	atten
3 40		AS DECEASED EVER IN U.S. ARA		SECURITY NO.	17. INFORMANT	ADDRES	5	
1/	No	ES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	-10-9586	William Hoff	man	Same as	13e
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		18 CAUSE OF DEATH (Enter onl PART 1. DEATH WAS CAUSED	BY:	diamin Pora dia	VIL UMEST			A - 40 E - 10
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town		C 191 / 1	DUE TO, OR AS A CONS	SEOUENCE OF			Carried D	
hon		Canditions, if any, which gove rise to immediate	(b)					
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ilony.	Z O	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDI	TION GIVEN IN PAR	IT lio
6 1	ATION	90 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIR	NDINGS USED
1	12	(23) E E				YES NO BL	IN CERTIFYING CAL	NO T
3	CERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR			
-01	0 1	OR CONTRIBUTING CAUSE OF DEA	LUCIUS A M. MONITI					
17	CA	(IF EITHER NOTIFY MEDICAL EXAMINER		19	211 LOCATION			
rked Dr	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DEFICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNT	Y STATE
E		22a.1 certify that (1) (this hospit	ol) ottended the deceased	II OIII	19 8	0,10	19 86	1 11101 (11 (110) 1001
Es.		saw the deceased alive on above, (I) (we) (did) (did no	S/S/	19 56,0	nd that in (my) (aur) opinian	death occurred on the date	e and hour and fram	the couses stoted
E S		22b. SIGNATURE	I view the bady after death.		DEGREE			DATE SIGNED
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3-1	1	22d PHYSICIAN'S NAME (TYPE O			22e ADDRESS	_ DIRECTOR THIRDIC		
ORT		1 7 11	Mas		FSKMC			
TMPORT	23a	BURIAL, CREMATION, REMOVAL	<i></i>	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
		(SPECIFY)	5/24/1986	Oak Tar	vn Cemetery	Baltimore	COUNTY	Maryland
		rial UNERAL DIRECTOR Duda-F		I van nat	250. DAT	TE REC'D BY REGISTRAR 2	SHIREGISTRARIS SIG	NATURE DO
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FOR
- STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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		CEASED NAME	FIRST	A	AIDDLE	Į.	AST	2a. D.	ATE OF DEATH MO	DAIH DA	4A A	EAR	26 HOU	R
	(TYPE	OR PRINT)	Paula	Wilh	elminia	Ho	f fman	Ma	ay 18, 198	36			8:15	ip M
	3. SEX	х		RACE		5 DATE C	OF BIRTH	6 AG	E (IN YEARS LAST BIRTHE		FUNDER		IF UNDER	24 HRS
	_	Temale		White		1	e 20, 1895	90		YRS.		DATS	HOURS	MIN.
7		RTHPLACE (STATE OR	FOREIGN]		WHAT COUNTRY?	MARRIE MARRIE	D I NEVER MARRIED	9 BAI	LTIMORE CITY OR	COUNTY	OF DEA	TH		
1	9	Jermany		U.S.A.		WIDOWE	DIVORCED	Be	altimore (MD.
0	F	Baltimore		Meridi	an-Hamil	ton N	or other institution ursing Center	(TYPE	SUAL OCCUPATION OF WORK FOR MOST OF W andy Make 1	ORKING LIFE	INDU		BUSINE	SS OR
5	13a S	AL RESIDENCE (IF NUR STATE STATE	13b. COUN		Baltimo	N	134 INSIDE CITY LIMITS?	29	PREET ADDRESS / Z		Ave	. 2	2121	1
0		THER'S NAME INKNOWN	N	AIDDLE	Roehr	ig	unknown	NAME	MIDDLE			LAST		
	15	VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	212-09-8		Pauline P.	Akor	152RP			211		
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7	TIFIC	The Date of Oten	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17.0 007701	nor row willen	OI EKATIO	T WAS TEN SIMED			N CERTIFY YES	ING CA			H?
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		Ingeborg			D.		8014 01d H	Iarfo	rd Road B	altim	ore	. M	arvl	and
	23a B	BURIAL, CREMATION		23b DATE		NAME OF C	EMETERY OR CREMATORY		LOCATION			,	- , -	
		Burial	,	05/21/	/ -		d Memorial P.	k.	Baltimore	. Mar	Vla	nd	5	TATE

DHMH - 16 60M 7/84 (VRA 15, 4) 24. FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

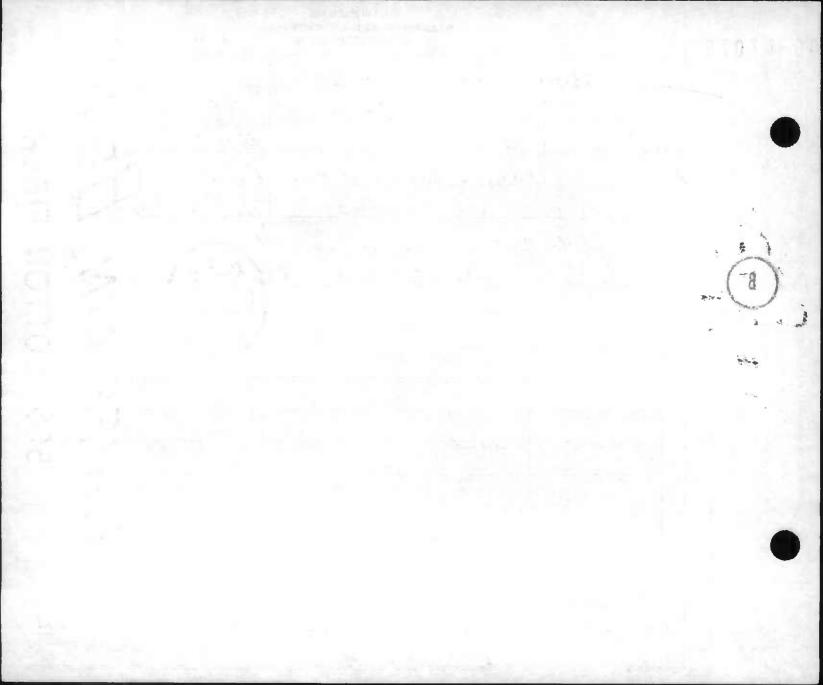
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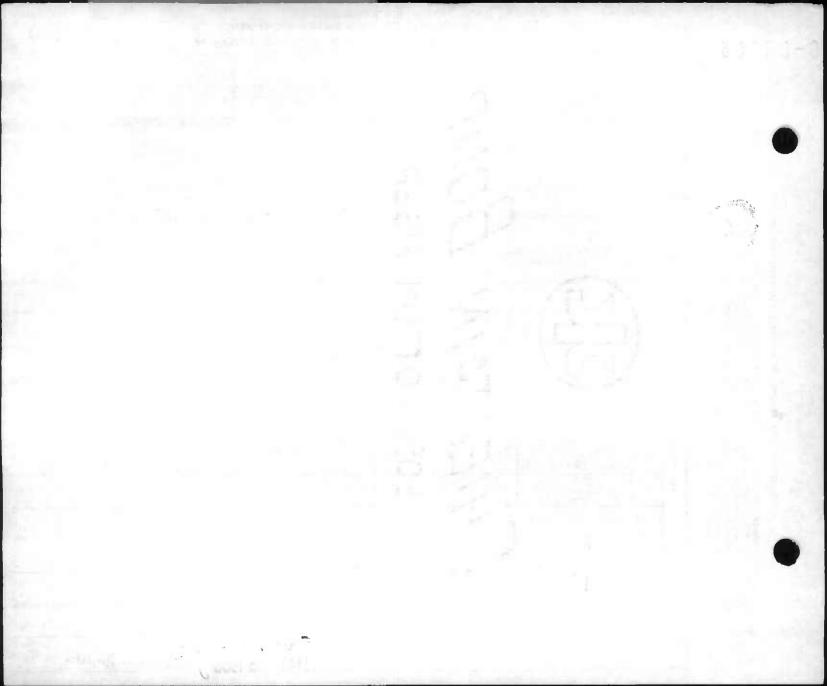
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STATE OF MARYLAND

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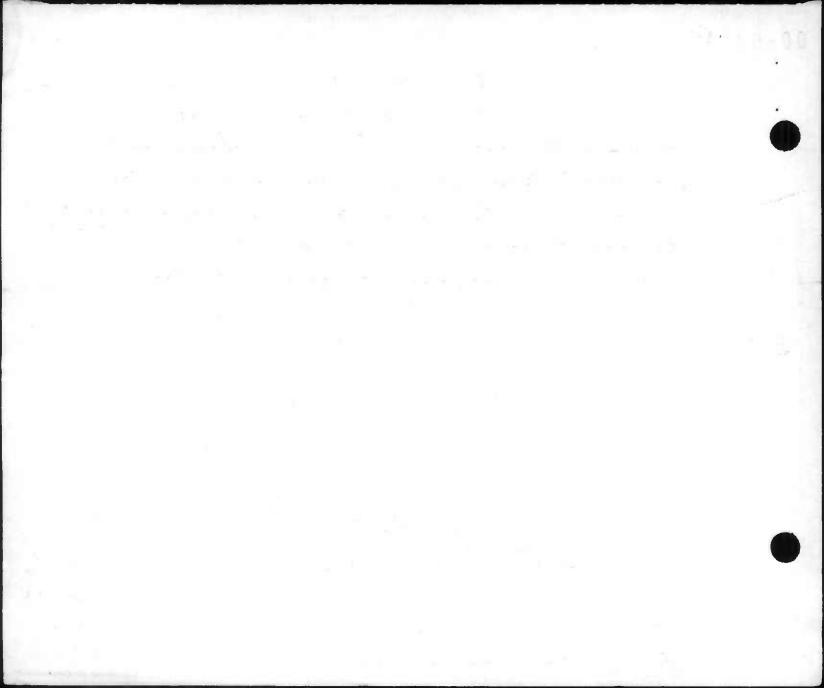
	STATE REGISTRAR		CERTIFICATE OF DEATH	O D REG. N	0.
	Walter	MIDDLE	Holden	20 DATE OF DEATH	5-9-86 3.38 M
3 m	nale	Co/	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
£ 12 3 1,00	UNITRY) TO LANGE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTHMORE CITY O	OR COUNTY OF DEATH
11 46 BK	OR TOWN OF BEATH	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AI UTTHEY ZOV HOSE	SHOME OR OTHER INSTITUTION DORESS)	120 USUAL OCCUPATION OF WORK FOR MOST C	
The Property of the Park	RESIDENCE (IF NURSING HOME OR OTH		ADMISSION) 13d. INSIDE CITY LIMITS? YES NO	1110 N	Carey St 21217
Boo	UNK	nwon LAST	15. MOTHER'S MAIDEN NAI	UN Know	JA LAST
R / 160 WA	AS DECEASED EVER IN U.S. ARMEI NOWN) (IF YES, GIVE W.		018 Mr. Ronald	Hoblen 704	N. Gilmore ST
and disconnection of the connection of the conne	8 CAUSE OF DEATH lEnter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	Y: coatio	shock.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
o all of the control	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENT (b) Pho	eumma		- R - B
Harman Ha	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1/0
core hos bre court poemit. You've only B shows only CERTIFICAL	DATE OF OPERATION	19b. CONDITION FOR WHICH (DPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
4 2 2 2 2 4 6 9	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR	RED (ENTER NATURE OF INJU	RY IN ITEM 18. PART I OR PART 7}
# F272 W	1d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM ETC.) 216 LOCATION STREET	CITY OR TO	WN COUNTY STATE
CCOR A CONTRACT OF THE PROPERTY OF THE PROPERT	20.1 certify that (I) (this haspital) saw the deceased alive an abave, (I) (we) (did) (did not) vi	5 - 9 - 18.8	5 - 6 - 19 5 6 6 , and that in (my) (aur) aprinian (death accurred on the de	, 19 that (I) (we) lost ate and hour and from the causes stated
4 0 10 4	Matter Matter		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF STANDS 5-9-86
O FUNERA rough by de could be de could be de could be de could be de could be de could be de	2d. PHYSICIAN'S NAME (TYPE OR PRI	thew '	22e ADDRESS Cutteran	Hospital.	730 Ashbulenst. Baltimer.
23a BU	SIAL, CREMATION, REMOVAL	23b. DATE 23c N.	AME OF CEMETERY OR CREMATORY	23d LOCATION	J PUNTY JSINES
Dr	TURNING IN	00 011	17) dlaux (emc	1001411	() (Cen //E'





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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00-00193	Ľ	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
b		CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH	DAY YEAR 26 HOUR
nay be		Oflio	5	HOLLAND		IF UNDER I YEAR IF UNDER 24 HRS
ctor, p	3. SE	×	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
rol dire	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIED T NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
9 2 5	5	10 and H11/ 1/2	NSA	WIDOWED DIVORCED	1 Sareino	NE CITY MD.
ofter d of rifled	10.6	ITY OR TOWN OF DEATH	(IF NOT IN SUCH EACILITY, GIVE	1	THRE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR EI INDUSTRY GNSTRUCTIO
in by be file	USU	AL RESIDENCE (IF NURSING HOME OF	POTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	Hordas unon	1523110-01-0
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysticion of completely filled in by pact. Poges and 2 should be fill wol. it, the medical exonuter must be must the must be		STATE 13b. COUI		MONE YES A NO	5? 130.STREET ADDRESS / ZIP CODE	2050N A 45
ARYLA pletely and 2 sh	14 F/	ATHER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN	NAME NO PODLE	1.12,16 LAST
col exo	160 \	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
TIMOR medic			VE WAR OR DATES!	-3708 A 2.11	INN HOLLAND	·
BALT cote b well.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	FD RY		0 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng hysis			TE CAUSE (a)	tiphe cerebicx	Vadenter Ceciders	
PRESTON ST., the death certific the alending by the amount of the amount		Conditions if you which	DUE TO, OR AS A CONS	PEN FUNDA		
A Same		Canditians, if any, which gave rise to immediate couse (o), stating the	(b)			
W. cra		underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF		
S, 201	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING		ERMINAL DISEASE OR CONDITION GIV	EN IN PART I (a
ORO	ē	chonic	and acc	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirestanding physician. Otherwise this certificate hos been tig on the burial-frontal permit. Then the and Mental Hygiene prior to be area in a stocked or here? It shows only injury or the corked or here?	CERTIFICATION	196. DATE OF OPERATION	198 CONDITION FOR W	HICH OPERATION WAS PERFORMED	ID+ CERTIF	YING CAUSES OF DEATH?
VITAL September 1	E .	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 P.	<u> </u>
OF THE TO	R .	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
HY5 main his c	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG NG P	2	AT WORK NOT WHILE AT WORK				
CONTRACTOR		22a I certify that (I) (this hasp saw the deceased alive or	-	Cod /	nion deoth accurred an the date and have	19 0 , that (I) (we) last
A PATE		above, (1) (we) (did) (did no	at) view the body after death	DEGREE	mon death accurred an the date and had	22: DATE SIGNED
A OR AL L DIREC Horbad In Bent . If hem		In SIGNATORE	371	ATTENDIN PHYSICIA		-5/28/8K
AOSPITA THUNERA THE STORY		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	C A	211
O H O H O H		Owe	J 1 1911	COXC 22 3	, Green of	Ball And
BP	23a.	BURIAL, CREMATION, REMOVAL	3b. DATE 6 -1, 86	231. NAME OF CEMETERY OR CREMATO	CITY OR TOWN	MD.
		UNERAL DIRECTOR			DATE PECID. BY REGISTRAR 25L REGIST	PARIS TIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	1	Mans Sauch	Lunga 638 19	959,/mw 17	JUN 2 1986 / July	Children Barbara



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-06886 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Dennis PATRICK HOLLAND NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. 5, WITHIN 72 HOURS W. PRESTON STREET, 5-11-8619 DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 3. SEX 4. RACE AGE (IN YEARS IF UNDER 1 YR. DATE PRONOUNCED 7-28-64 21 YRS Male Caucas. DEAD 5-11-86.19 9:1 MA TE CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Arkansas U.S.A. WIDOWED DIVORCED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Draftsman/Student Baltimore UniversityHospital STU USUAL RESIDENCE (IF IN MARSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 36 COUNTY Chincoteague 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS irginia Accomack 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Kathryn Mitchell Dennis Holland 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Hilland 227-90-6784 Dennis F. no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, il any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a OF HEALTH ED TO THE CHEF I SHOULD BE USED EBARTMENT OF HE PRIOR TO BURIAL (190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO . 21e EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1:184 5-11-85 driver of an autc/fixed object impact 711 LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 714 Main St. Chincot eaque Virginia STATE WHILE WHILE NOT WHILE 220. I certify that I took charge of the remains described above, held on and in my opinian Undetermined manner death resulted from: Natural couses Accident TITLE (SPECIFY) ACTUAL M.D. Assistart MEDICAL EXAMINER SIGNATURE SIGNED EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b. COUNTY Burial 250. DATE REC'D. BY REGISTRAR (VR A15 ME (5))

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5-27-86

WM.C. MARCH F/H INC. 1101 E. NORTH AVENUE

EASTVIEW

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LILLIAN EPPS 2330 MCCOLLOH STREET APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE 86 _19__**86__**, and that in (my) **(607)** opinion death accurred on the date and have and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN HOSPITAL CORPORATION 16 OUN CAROADWAY BATTITIMORE 231. NAME OF CEMETERY OR CREMATORY CITY OF TOWN BALTIMORE BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julie Levidon Handalle

26 HOUR

HOURS

126 KIND OF BUSINESS OR

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IF UNDER 1 YEAR

MONTHS DAYS

INDUSTRY

CAMPBELL

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

BURTAT

24 FUNERAL DIRECTOR

FOR

- STATE

MID P.S. WIE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Martha Belle Holman May 17, 1986 11:5500 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE THE YEARS LAST BIRTHDAYS IF UNDER LYEAR March 19, 1892 Female White Ja. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Baltimore Meridian-Long Green Nursing Cen. Seamstress SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 136 COUNTY Baltimore 13e STREET ADDRESS / ZIP CODE 138 INSIDE CITY LIMITS? Maryland 823 Montpelier Stre 212188 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Franklin Virginia Kane McKnew 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST 214-01-2794 No Paul F. Geppert 526 E. 30th Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: ACUTE BENAL i-Ail URB 1 WEB 4 DUE TO, OR AS A CONSEQUENCE OF FAILURN 10 Fapas CHRONIC RISLAL Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. VORATIZASUA 20 MARS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION CORENDAY ARTERY 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE MARCH 22a. I certify that (1) (this haspital) attended the deceased from IG MAY sow the deceased alive an above, (1) (manifold) (did not) view the bady after death and that in (my) ress) opinion death occurred on the date and hour and from the causes stated 23 22b. SIGNATURE DEGREE 22c DATE SIGNED MPORTANT: PHYSICIAN P DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial 05/20/1986 Meadowridge Mem. Pk. Elkridge, Baltimore, Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Tichia Davidson Par Leonard J. Ruck, Inc. Baltimore, Maryland

3501 St. Paul Street Baltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

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J. Dixon Hills, M.D.

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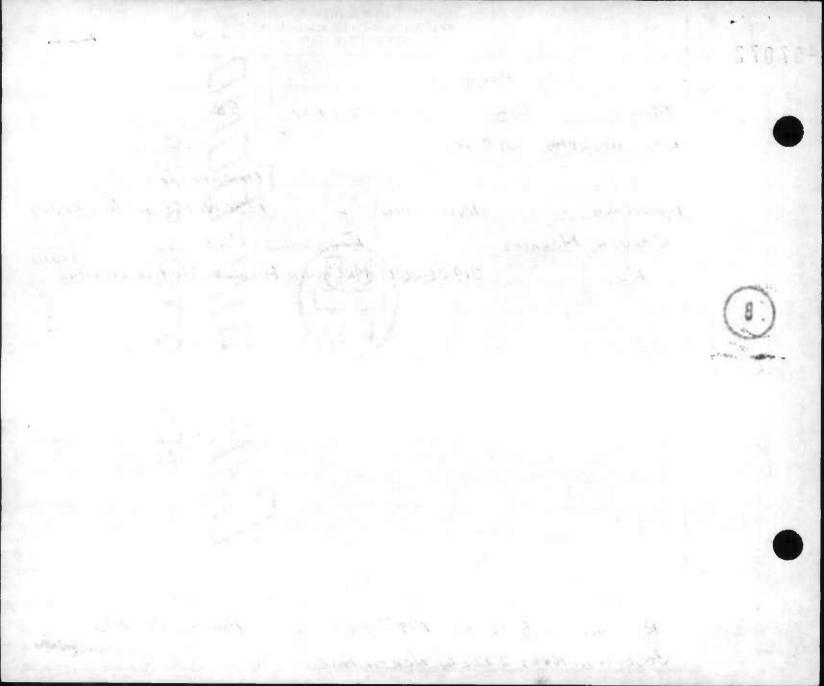
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.			-	16.0	
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Ι.	REGISTRAR			CERTIF	CATE OF DEATH	REG.	NO.		400	
	CEASED NAME	FIRST	MIDDLE	t.	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
TYPE	OR PRINT)	CARROL	I RANDOLPH	/ HOLME	'S	MAY 14,	1986		2:57 au	
TE SEX	(RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST		IF UNDER TYEAR	IF UNDER 24 HRS	
11	MALE		Co 4	AUG	3 2.1937	48	YRS.	MONTHS DAYS	HOURS MIN.	
	RTHPLACE (STATE C	R FOREIGN 7b.	CITIZEN OF WHAT COUNT	TRY? 8		9 BALTIMORE CITY		OF DEATH		
B	PLTIMIU	O ISMA	11.9.0	WIDOWE	DI NEVER MARRIED I	Baltimore City MD				
	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME O				the state of the s	12a USUAL OCCUP	ATION	12b KIND C	OF BUSINESS OR	
Ba	Baltimore (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maryland General Ho			spital	LINE OF WORK FOR MOS		FE) INDUSTRY			
-USU/	SUAL RESIDENCE (IF NURSING HO IE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)									
/	ARYLAND	113P COUNTY		TIMARE	13d. INSIDE CITY LIMITS?	13. STREET ADDRES	Macso	5-	21717	
	THER'S NAME				15 MOTHER'S MAIDEN					
1	MALUIN	How	DLE LAST		FLORES NE	CUS:	-18	LAS	5T	
	VAS DECEASED EVE	ER IN U.S. ARME	D FORCES? 166. SOCIAL	SECURITY NO.	17 INFORMANT	ADI	RESS		21216	
0	(ES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES) 2193	62633	MR CALVIN	HALMES 2	710 EL	SIRORE	AUD	
		ATH (Enter only)	one couse per line for (a), (b		,	7.00	- A		(IMATE INTERVAL ONSET AND DEATH	
		WAS CAUSED E	BY: A DITT.T 1		ORY DISTRESS	SYNDROME				
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	Conditions if or	ny which	DUE TO, OR AS A CONS		ARINII PNEUM	MONIA				
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couse (c), stofing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF ACOUIRED IMMUNE DEFICIENCY SYNDROME										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
N E	Intravenous Drug Abuse, Anemia 190 DATE OF OPERATION 190 DATE OF O				N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
Ĭ						YES NO YES YES			NO [
GE	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCU						RRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)			
	CONCOURAGE CONCERNIA TOUR A.M. MONTH DAT TEAR									
MEDICAL	21d. INJURY OCCURRED		21e. PLACE OF INJURY		21f LOCATION	CITY O	CITY OR TOWN		STATE	
Σ	MHILE NOT AT V	WHILE O	(AT HOME, STREET, FACTORY, OF	FICE FARM, ETC }	SINEEL	CITYO	. 10			
) attended the deceased fr	om Mau	8 19 86	5Max	1 14.	19_86	that sh (we) lost	
	sow the deceosed olive on May 14. 19 86, and that in (M) (our) opinion death accurred on the date and hour and from the causes stated									
	above, X (we) (did) (XXXX)1 view the body ofter death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED								SIGNED	
	Trans-luck Hway				ATTENDING PHYSICIAN		TAFF	Mas	1 14 86	
22d. PRYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS										
	HUA	HUANG TZONG-YUTH c/o Maryland General Hospital								
230	BURIAL, CREMATIO	N REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATOR		E - C			
	BURIA.		5-14-86		ON CEM	Bar.	ZA CO	Mo	STATE	
	UNERAL DIRECTOR				25a C	ATE REC'D. BY REGISTR	AR 25b. REGIS	TRARISSIGNAT	TO/Danda Ba	
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DHMH - 16 60M 7/84 (VRA 15, 4)



ONIES 21216 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 70h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION REMOVAL 23b. DATE CITY OF TOWN STATE (SPECIFY 75a DATE REC'D. 24 FUNERAL DIRECTOR C. PROWN COMM. F/H 1206-08 W. NORTH AV

STATE OF MARYLAND

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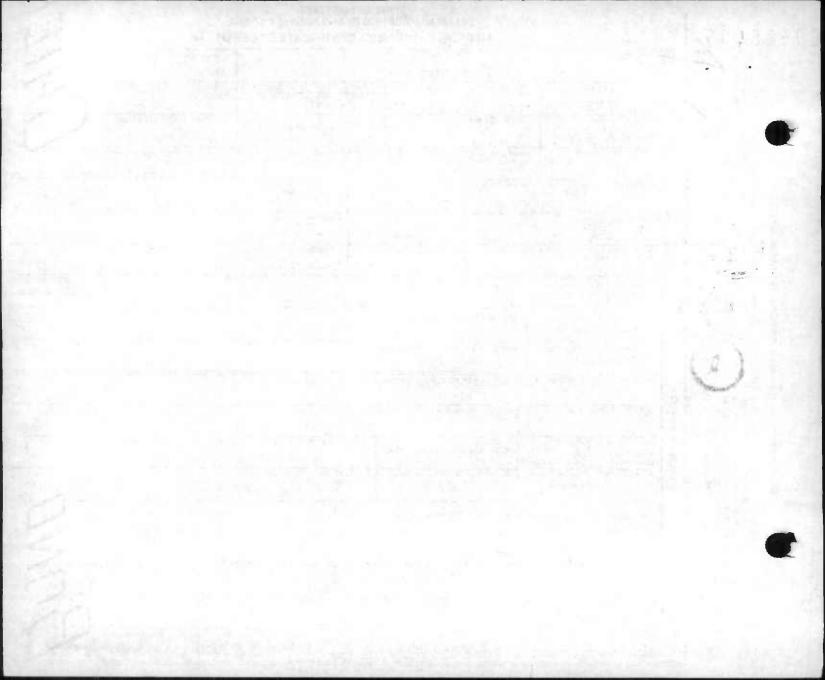
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7988	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6 REG. NO.	13/	4
deoth		CEASED NAME Mildred) E.	Holmes	20 DATE OF DEATH MONTH	26 86 P	HOUR 7 P
un ofter o	3. SE	F	RACE	5. DATE OF BIRTH MONTH DAY YEAR 19 06	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HE	UNDER 24 H
		Manyland	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY <u>OR</u> COUN	TY OF DEATH	
000	1	Baltimure	12 902 W.L	eximponSt.	THE USUAL DECUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF B INDUSTRY	USINESS
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100		William	DDLE MUST	15. MOTHER'S MAIDEN NA/ FIRST Many	WIDDLE	whish	nit
- godoo		AS DECEASED EVER IN U.S. ARMI ES, NO OR UNKNOWN (IF YES, GIVE V		4-7733 Stanley	Holmes 26 A	1. Monnie	St
or o	(18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: GIA. No.	ullas arythin	na .	APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEA
ote remarkon or st. cremation, or cother troumats		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF AS A CONSEQUENC	D, CHT, ang	ina	deca	da
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ord Me	MEDICAL	214 INJURY OCCURRED	21s. PLACE OF INJURY LAT HOME, STREET, FACTORS OFFICE	TARM ETC.) ZIN LOCATION	City On Idens	COUNTY	STATE
for use of Healt 21 is mg		21s I certify that This hospital saw the decembed live on above (1) the (did idid not	12/1/av 19	010	death occurred on the days and h		(Dare)
ould be detached in the State Dept POSTANT: If here	7	THE PHYSICIANS NAME IN THE	Toulke All	DEGREE ATTENDING PHYSICIAN 22 ADDRESS	DIRECTOR PHYSICIAN	12N. DATE SKO	186
MPG	73a. t	URIAL CREMATION REMOVAL	736. DATE 734. DATE 5/31/86 Md	NAME OF CEMETERY OR CREMATORY Nat Memorial Park	LaureT	COUNTY	MO
6 60M 7/84 15, 4)		INERAL DIRECTOR larch Funeral Hor	me West 4300 Wa	abash Avenue	Y 29 1286 Julia	STRAR'S SIGNATURE	delle

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0-0640	3/	REGISTRAR		MEI	DICAL EXAMIN	ER'S C	ERTIFICATE C		REG. NO.	0 /	1 4
	10	DECEASED NAM	FIRST		MIDDLE	L	AST	2a. DAT		MONTH DAY YEAR	2b. HOUR
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CHO	1	SEX		5. DATE OF BIRTH	6 AGE IN YE	ARS IF UND	DER TYR. DE LINDER			MONTH DAY YEA	R 2d HOUR
2 C C C C C C C C C C C C C C C C C C C	2 00	MALE	WHITE	March 1	9.1964 22	AY) MONTHS	DAYS HOURS	MIN. PRONO	AD.	5-11-86 19	4:51%
2 1 2 N	8	BIRTHPLACE (S		76. CITIZEN OF WH	IAT COUNTRY?			9 BALT	IMORE CITY OR	COUNTY OF DEATH	14:5.18
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GP X	8 - 18				SITY HOSPIT		TU	dry w	all mech	const	ruction
1 2 Z		. STATE	181 COUNT	Υ	13c. CITY OR TOWN		3d. INSIDE CITY LIMITS?			11	11/2
2 4 4 2 2 2		Md.	A.A.	Co.	Odentor		YES NO 🔀	400	Oakton	Rd.	110
9 4 5 8	3001	FATHER'S NAM	E	MIDDLE	ŁAST		15. MOTHER'S MAID	EN NAME	MIDDLE	LAST	
A SE	HAV	Wel	don	F.	Hood		Cather	ine		Col	e
AND WASH	z DB	WAS DECEASE	DEVER IN U.S. ARM		16b. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS		
AN HA	08	no	no		212-92-9	274	Catheri	ne Hood	same	as 13	
A 5000	4		OF DEATH (Enter anly		far (a), (b), and (c).)					APPROXIM	ATE INTERVAL
t # 528	7	PARTID	EATH WAS CAUSED	BY: CAUSE (a)	Head inju	ries				OETWEEN OF	SET AND DEATH
NO WHICH	0	815	MMEDIATE		AS A CONSEQUENCE						
W. PRESTON ST WITHWATER BUCLAN ITEM THE ACLUMENTED	1		ns, if any, which	1							
2 3 2 2	22		ise to immediate) stating the under-	DUE TO OR	AS A CONSEQUENCE	OF					
	2)	lying ca	use last.								
RECORDS, 301 IID BE EXECUTE PRECING NATIONAL EX		PART 2 OTNER C	IGNIFICANT CONDITIONS CO	ONTRIBITING TO DEATH	OUT NOT RELATED TO THE TERU	AINAF BISCASS	OR CONDITION CIVEN IN B	P7 1 (a)			
0 DAG	-	2	- Constitutions	ONTRIBUTING TO GENTA	IOT NOT KEENIED TO THE TEN	NINKE BIJEKJE	OR COMBITTON DIVER IN 17	KI I (U)			
E E E	35 7	19n DATE O	FOPERATION	Tigh CONDIT	ION FOR WHICH OPE	RATION WA	S PERFORMED?			20 AUTOP	5Y?
A DOUGH	27	200									
F 200 #	1	21a EXTERN	AL CAUSE WAS	21h TIME OF	INTIDY	21c HO	W INJURY OCCURRI	D JENTER NATURE OF	INJURPO INJUTEAR 18 DAS	YES _	NOVOX
A A A	A	LINDEDIVINI	S STOP	HARPE	MONTH DAY YEA	R ZICTIO					
A STORY	1	CONTRIBUT	ING CAUSE OF D	EATH 3: USA	5-11-869 DEINJURY (ATHOME.	21f. LOC		auto/fi	xed obje	ect impact	
S 828	NA P	21d. INJURY		STREET FACT	ORY, FARM, ETC.)	ST	REET	CITY OR		COUNTY	STATE
D WHEN	1206	AT WORK	NOT WHILE	stı	reet	No	rthbd. on	Pautuxio	on Rd. Oc	denton, Mai	ryland
### S	102	22a, I cert	ify that I taak charge	af the remains des	cribed abave, held an	Autaps	y , Inspection	in X, Inqui	ry and	in my apinian	
#2.55	是别人	death resul		al causes .	3.7	icide .	Hamicide .	Undetermined	manner .		
4 3 E C	120		Λ./	. 0	-		TITLE (SPECIFY)				
2005	17.5	ACTUAL SIGNATURE	Moun	molos 11	ne chil	L. M	Assistant	MEDICALEX	AMINED	DATE SIGNED 5-	12-86
2549	3477	SIGNATORE	7.00		7,00			MEDICALEA	AMINER	SIONED	
A 20 10 10 10 10 10 10 10 10 10 10 10 10 10	Sal Fr	EXAMINER'S	NAME INT)	Margar	rita A. Kor	ell M	DDRESS	111 Penr	Street		
0000	2 3 7	3a. BURIAL/CREMA		b. DATE	23c. NAME OF CE			23d. LOCATIO	The second secon		
	All Para	LOPECIEYA		/14/86			thal Cem	CITY OR TOWN		A.A. CO.	Md.
64	12	4. FUNERAL DIRE								RAR'S SIGNATURE	rice .
DHMH- (VR A15 M	AE (5))	Hardes	sty Fuen	ral Hom	e 12 Ridgely	74 m 74	MA MA	1 3 198	6 Julie D	widow hard	ALL S
15M 7/	76		1 2 4 6 11	- 42 110111	- 12 Milery	Ave. A	TII- IVII-		_0		



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DEPARTMENT OF HEALTH AND MENTAL HYCIENE

		ecci.	-	45	,
3	Ö	3	1	4	1
	REG. NO.				

- STATE REGISTRAR	DI AKT	CERTIFICATE OF DEATH	REG. N	10.	1 4 7
1. DECEASED NAME FIRST (TYPE OR PRINT) James	Michael	Hopkins	May 1	9, 1986	26 HOUR 1600 PM
3. SEX Male	4 RACE Caucasian	5. DATE OF BIRTH MAY 12, DAY 1941	6 AGE (IN YEARS LAST BI	YRS MONTHS (DAYS HOURS MIN.
76. BIRTHPLACE (SLATE OR FOREIGN Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		or county of deat	City MD.
Maryland	(IF NOT IN SUCH FACILITY, GIVE STREET SO	ott Key Med.Cei	12a USUAL OCCUPAT	OF WORKING LIKE INDILIS	Disable
USUAL RESIDENCE HE NURSING HOME OR 130. STATE 13b COUN		YES NO [13e STREET ADDRESS 213 S.	Robinson	n Street
14. FATHER'S NAME FIRST George	R. Hopkins	15 MOTHER'S MAIDEN N	E.	Sloman	LAST
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? VE WAR OR DATES) 16b SOCIAL SECU 218-36-		te Myers,		oyldin St
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUI	tausing		7	years.
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	NDITION GIVEN IN PAI	RT Ira
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAI YES	
216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 19 216 HOW INJURY OCCU	IRRED (ENTER NATURE OF INJE	URY IN ITEM 8 PART I OR PAR	RT 2)
WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, F		CITY OR TO	OWN COUNT	TY STATE
sow the deceosed alive an obove, (1) (we) (did) (did no 22b. SIGNATURE	sworth Exk	DEGREE ATTENDING PHYSICIAN		AFF 220. C	that (I) (we) lost m the couses stated DATE SIGNED
E. Ellswo	orth Cook, Jr.	22e. ADDRESS 2431 Mary	land Avenu	le	

BP.

TO FUNERAL DIRECTOR: After this certificate has been

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marked or Item

should be detached for unwith the State Dept. of He IMPORTANT: If them 21 is

DHMH - 16 50M 1/81 (VRA 15, 4)

23e. BURIAL, CREMATION, REMOVAL Cremation

Baltimore, Maryland State

Cremation 5-2/-86 Security Process Baltimore, Maryland take process Joseph N. Zannino Funeral Home MAY 20 1986

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7/-	STATE OF MARYLAND	
10-105564	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
000004	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
V	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN X MONTH DAY YEAR 26. HO	OUR
C MARKET	JOSEPH DANIEL HOPPS OF ESTI- DEATH MATED 5 2 19 86	M
ARESE	SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR 26. H	
N N N N N N N N N N N N N N N N N N N	MALE NEGRO 11-9-84 1 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD 5 2 1986 11.	A 0.7
WASE 2/	16. BIRTHPLACE (STATE OR) 76. CITIZEN OF WHAT COUNTRY? 8.	
は発売をかり	MARRIED NEVER MARRIED Baltimore City	MD.
THE COLUMN	0. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINES	
SESEN /	Baltimore 2518 E. Eager St. FOR MOST OF WORKING LIFE) OR INDUSTRY	
BEZ AS	JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
8 \$35 B	36. STATE 136. COUNTY 136. CITY OR TOWN 136 INSIDE (ITY LIMITS? 138 STREET ADDRESS 136 ST	
MD. 2126 H. F. AND I. 2. AND M. 3. RETA 22. SHOUL M. 3. RETA	VEATURE NAME	
	SHARONE MIDDLE LAST	
8 88836 -	166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANTQUE DONDE ON DI CADDRESS	_
BALTIMORE. JIRS AFTER DEA S. GIVE PAGES WITH FORM P F. PAGES I AN DIVISION OF	(YES, NO, ORUMINOWN) (IF YES, GIVE WAR OR DATES)	5
		(A)
ON ST., 24 HOUIS ITEM 18. CONG W PERMIT.	18 CAUSE OF DEATH (Enter only one cause per line for (a), j(b), and (c).) PART DEATH WAS CAUSED BY:	EATH
STON SI V 24 HO N ITEM I ALONG TIT PERM I'T PERM	IMMEDIATE CAUSE (a) LOBULAT TNEUMON14	-
NO HYCHYCHYCHYCHYCHYCHYCHYCHYCHYCHYCHYCHYCH	Canditions, if any, which	
ZAN KER	gave rise to immediate (b)	
201 W. PRE UTED WITH! IN PENCIL! EXAMINER RAL AMENTAL H ON, OR REA	cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
S EN S	(c)	_
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD "PENDING" IN PENCIL. IN ITEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WERS SAND SHOULD BE USED AS A BURAL—IRANSIT PERMIT. EDEPARAMENT OF HEALTH AND MENTAL HYGENE, DO I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101.	
AAS A SA S	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 70. AUTOPSY? YES NO 716. EXTERNAL CAUSE WAS 716. EXTERNAL CAUSE WAS 717. EXTERNAL CAUSE WAS 718. TIME OF INJURY HOUR AM MONTH DAY YEAD 719. THE OWN INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)	
DIVISION OF VITAL RECC IS CERTIFICATE SHOULD BE RRITING THE WORD "PEND RDED TO THE CHIEF MED GAS SHOULD BE USED AS, FIE DEPARTMENT OF HEALT 201 PRIOR TO BURRIAL, CRE	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
F VITA WORD WE CHIE BRURL	YES 🔀 NO	
OF THE VENT OF THE		
SION SHOU	S CONTRIBUTING CAUSE OF DEATH P.M. 19	
WISI CER 3 SE 1 PR	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY ST	ATE
=>4227	WHILE NOT WHILE AT WORK AT WORK	
RETAILE, VORW, PR. PA	270 Certify that I taak charge of the remains described above, held an Autapsy X, Inspection , Inquiry , and in my apinian	
NO NOTE A	death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	
REGISTER	TITLE (SPECIFY)	
2000 H	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED 5-2-86	
ZER SHIT	M.D. 1. DO LO CALLEXAMINER SIGNED 3 . 2 . 9 . 9	
WO WE WAS	EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., MD 21201	
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P TAFIER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2	272 BURIAL CREATION REMOVAL [23], DATE	=
100	(SPECIAL) STATE COUNTY STATE (PAS)	
BP/3/	24. FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	
DHMH - 17 (VR A15 ME (5))	BETTE FUNE AND HOME 1124N, CARDINE WHID 1986 Jummenacon Virginia	
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STATE OF MARYLAND

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	DEC NO				

51	y	STATE REGISTRAR	DEPA		IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	13/5
1	UDF	CEASED NAME CERSIS	WIDDLE		AST	7a. DATE OF DEATH MO	NTH DAY YEAR 26. HOUR
X		DEFENTI FROM I	Znie William	Mp.1.	011	46	5 25 86 1110
1	1 77	KHRY K	14 RACE	1/222	os dintu	6 AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER 1 YEAR IF UNDER 241
	1. SE	Made to	CauceSIA	S. DATE C		6 AGE (INTERNSTASI BIRTHD)	MONTHS DATS HOURS
	-	MALE			25 84	C)	YRS
DI	76. 51	RTHPLACE TELEFOREGE	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
3	10	ARSHAND	U.7. 17	WIDOWE	DIVORCED	130.171	icre Only
38	10. C	Ba HIAM	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
95	USU,	AL RESIDENCE (IF NORSING HOME)	DR OTHER INSTITUTION GIVE RESIDENCE BE UNITY UNITY	FORE ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI	ECOPE 2/20
	14.77	THER'S NAME	MAST.	7	15. MOTHER'S MAIDEN NA	ME	FEILING
GU	1	111/1162	0413 19011	ey LLL	DONNA		Hortest
padicol		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) IF YES, C	GIVE WAR OR DATES) 166 SOCIAL SI	ECURITY NO.	DOAGE F. Ha	miy West	master hid 21
*		IS CAUSE OF DEATH (Enter of	anly ane cause per line for (a), (b)	ond resil			APPROXIMATE INTERVA BETWEEN ONSET AND DE
and and		PART I. DEATH WAS CAUS	SED BY:		22 wks	gestation	55 minus
9		IMMEDI	ATE CAUSE (a)		/	9	77.0
10			DUE TO, OR AS A CONSE	OUENCE OF			The second second
1		Conditions, if any, which	(b)				
H DO		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OLIENICE OF			1 1 1
#6		underlying cause lost	, (a)	WOLLINGE OF			
7, 01	0.0	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART Tra
4	NO						
10	IFICATION	19s DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		DE IF YES, WERE FINDINGS USED
19	IFIC		1			YES TO NOT	YES NO NO
4-	CERT	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	
10	1	OR CONTRIBUTING CAUSE OF D					
17	MEDIC	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	19	211 LOCATION		
r /	A.E.	WHILE TO NOT WHILE TO	(AT HOME STREET FACTORY, OFF	ICE FARM ETC)	STREET	CITY OR TOWN	COUNTY 51A1
8,0				Ø120 a	4-12- X7	0.15 6	125 0
.0	100	220.1 certify that (1) (this has saw the deceased alive of	pital) attended the deceased fra				19 <u>06</u> , that (II (we
-		above, (1) (we) (did) (did)	nat view the bady after death.	9 <u>-66</u> , a	nd that in (my) (aur) opinian	deoth accurred an the date	and haur and from the causes state
1		22b. SIGNATURE	1 1		DEGREE		PI - 7 221. DATE SIGNED
-		Apollor	a ND		ATTENDING PHYSICIAN	MEDICAL STAFF	5/25/8
3		22d. PHESICIAN'S NAME ITYPE	OR PRINT)		22e ADDRESS		
PORT		J. ESTVOLE			U of MD Hos	spital	
3	230	BUBIAL, CREMATION, REMOVA		3. NAME OF	EMETERY OR CREMATORY	23d LOCATION	- 11
	230.	Uris KEMOVA	9/29/86	57	John'S	he Simus	As CUNTY 11/1 STA
. 7 .0 .	24 F	UNERAL DIRECTOR	11	-1	25a. DAT	E REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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1986 June Deviden-Many JUN 2

		OR			DEDARTMEN		F MARYL	AND MENTAL HYC	CIENIE			30 31
27 1	- 5	TATE						FICATE OF	DEATH O		3.	1 5 2
1.1		EASED NAME	FIRST	7412	MEDDLE	WHITTER	LAST	TICATE OF	RE	G. NO.	ONIH DA	AY YEAR 7b. HC
		OR PRINT)	ettigre	A-1			Horton		OF ESTI			
3. 5	SEX		ACE	S. DATE OF BIRTH		GE (IN YEARS)	F UNDER 1 Y				5-24	19 86
17/10		M	В	10 DAY			ONTHS DAYS		PRONOUNCED DEAD		5-24	19 86 a.
		THPLACE (STATE	OR	76. CITIZEN OF W		Ia.	ARRIED X	NEVER MARRIED	9 BALTIMORE			
	I.C	IGN COUNTRY)		U.S	.A.		OWED [DIVORCED		ore C	itv.	
10.	CIT	OR TOWN OF	DEATH	11. NAME OF HO	SPITAL, NURSIN		OTHER INSTI	TUTION 12	O. USUAL OCCUPATION	TYPE OF W	VORK 12b	KIND OF BUSINESS OR INDUSTRY
1		Baltimor		1904 1	Perlman	Place		(CONSTRUCTIO			
1130	o. ST	RESIDENCE (IF IN ATE YLAND	13b. COUN	OR OTHER INSTITUTION, G	13c. CITY OR 1		13d. INSIC		street address 1904 PEARL	MAN F	PLACE	21213
14.	. FA1	HER'S NAME		WIDDLE	LAST		15. MO	THER'S MAIDEN I				LAST
7	C	HARLIE		MINDLE	HORTO	N	E	LORENCE	MIDDLE			TAYLOR
160	g, W,	AS DECEASED EV		MED FORCES? WAR OR DATES)		ECURITY NO	. 17. INFC	DRMANT	ADD	PRESS	1	
L	N	0			22520	9438	GE	RTIE M.	HORTON 190	4 PEA	RLMAI	N PLACE
		18. CAUSE OF DE	ATH (Enter on	ly one cause per line	far (a), (b), ond	(c).)					8	APPROXIMATE INTERVA
	31		IMMEDIAT	re Cause (a) A			c Card	iovascul	lar Disease	11		
CA SERVICE OF THE SER				DUE TO, OR	AS A CONSEQ	UENCE OF					P	
NOTE OF THE OWNER			f any, which	(b)							100	
		cause (o) stot	ing the under-	< ,	AS A CONSEQ	JENCE OF				- 1		4100
		lying couse lo	ist.	(c)							-	
		PART 2 OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO OFATH	BUT NOT RELATED TO	THE TERMINAL D	ISEASE OR CONDI	TION GIVEN IN PART 1	(0)			
TO THE STATE OF TH	Ö	19a, DATE OF OPE	PATION	TION CONDI	TION FOR WHIC	L OPEDATIO	NI MAY AS DEDE	OPMED?			100	D. AUTOPSY?
13		IN. DAIL OF OTE	KAIIOI	178. CO1401	HON FOR WHIC	.H OPERATIO	IN WAS LEKE	OKMED!			20	
1	E .	210. EXTERNAL C	AUSE WAS	21b. TIME O	FINILIRY	21	r HOW IN II	IRY OCCUPPED A	ENTER NATURE OF INJURY IN I	FAA 18 PART 1	OR PART 2)	YES NO
		UNDERLYING [OR	HOUR A.A	MONTH DAY	YEAR		KI OCCORRED (CINICK NATURE OF BAJORT BAJ	EM IOTAKI I	OR FART 2)	
1 2	š t	CONTRIBUTING [URRED	P,A		19 HOME. 211	LOCATION					
1	WE	WHILE AT WORK AT	OT WHILE C	STREET, FAC	TORY, FARM, ETC.)	3 1	STREET		CITY OR TOWN		COUNTY	STA
	- 1	22n. I certify th	at Atook charg	e of the remains de	scribed obove, h	eld an A	utopsy .	Inspection	Inquiry XX.	andini	my apinion	,
1		death resulted #	om Natur	ol couses XX	Accident	Suicide	, Ha	micide . I	Undetermined manner			
		1	1.	THE	4	VI	TITLE	(SPECIFY)				
		SIGNATURE	lette	1 XV	negre	alle	M.D. AS	sistant	_MEDICAL EXAMINER		ATE GIGNED	5-24-86
4		EXAMINER'S NAM	^{AE} Denr	nis F. Sm	yth, M.E).	ADDRES	111 Pe	enn St., Ba	lto.,	Md.	21201
2 - 230	_	RIAL, CREMATION	N, REMOVAL 2	3b. DATE	23c. NAME	OF CEMETER			23d LOCATION			
7	(SP	URIAL		5-28-86		TVIEW			BALTIMOR	E	COUNTY	MARYLAND
24	4. FU	NERAL DIRECTOR				T about I		250. DATE REC	D. BY REGISTRAR 25b		R'S SIGN.	
1		NAME MADOL	י ביים ואו ניים	AL HOME I		E1 NIC	זג עדות	MAV	271986		1-11-11-11	Wind the little
	AALA	· C. MAKCH	FUNERA	AL HOVE	Wa III	L. NC	KIT AV	D. ZIA	Z1 12 0 12 12 12 12 12 12 12 12 12 12 12 12 12	THE BUILD IN	Falling	

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DHMH - 16 60M 7/84

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Herri. den folk

00-06649	1.	FOR STATE REGISTRAR		DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	. HYGIENE	8 6 REG. NO.	1	3	15	4
be oge 3	1. DE	OR PRINT) TOY		G	Hoyla	2a. DA	TE OF DEATH MO	aull.	1986	26 HOUR	3
ne 4 may ctar, po	3. SE	MALE	4 RACE	WHITE	5. DATE OF BIRTH	6 AGE	(IN YEARS LAST BIRTHE	YRS INCO	THS DAYS	HOURS	HRS MIN.
O 12 87	1	PWA/	76 CITIZEN OF V	SA.	MARRIED NEVER MARRIED WIDOWED DIVORCED	X E	Baltu	mo	Ta	at	NO.
38	B	ALTIMORE	548	SK //	OMFOR OTHER INSTITUTION	120 US	Arketin	JG LIFE V	Mb. KIND	OF BUSINES WIER	S.O.B.
AND 7	13a. S	AL RESIDENCE (IF NURSING HOME TATE D. 12 COL	DROTHER INSTITUTION OF	GIVE RESPONCE BEFORE 13 OCT Y OR TOWN 57 EVEN	SUMAL YES NO	1111	Chols /	IP CODE	Drive	2 2/6	46
ompletely ond 2 s	R	THER'S NAME FIRST EVE E	MIDDIN	HoyhE	ISMOTHER'S MAIDE	NNAME	WIDDLE	Gui	LF	DYLE	
TIMORE Do and c		(AS DECEASED EVER IN U.S. A 185 NO OR UNKNOWN) (IF YES. C	IVE WAR OR DATES)	579 12	7708 RENE E.D.	HoyhE	45 PPLSS	GREE TON.	UBE.	71005	
ST., BAL		PART I. DEATH WAS CAUS	only one couse per liseD BY: ATE CAUSE (a)	line for tal, (b), an	Eugenstry &	lur	l		APPRO BETWEEN	XIMATE INTERV.	FATH S
PRESTON mmore photon, or throumoth	7	Canditions, if any, which gave rise to immediate	DUE TO, OR	RAS A CONSEQUI	ence of V				2"	nonti	he
that the lease mol, creater or other		cause 10), stating the underlying cause last.	(c) <u>(c)</u>	AS A CONSEQUI	e with megon	herm	almpe	ry	3	2 me	with
ORDS, 2 requires sen signe d. Then p ior to bur y injury,	TION	Cardiae of	sease	requi		her	V		IN PART 1	10	
TAI REC	CERTIFICATION	much	edesrid	ements	butter was	red YES	□ NON	NOB. IF YES, W N CERTIFYIN YES	G CAUSE		12
DIVISION OF VITA	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A.A ER) P.A	$\begin{array}{ccccc} A. & MONTH & D. \\ A. & 1 & -2 \end{array}$	Y YEAR 21 HOWNJURY OF		TER NATURA CONTRACTOR	Ar -	- Com	les, le	ry
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ro Hospital efoined by TO FUNERal should be de with the Stoti	22.00	A. Ram	Zy TRD		175F1763.	22	S. Bree	ne f	7. E	52	/
ВР	LY	URIAL, CREMATION, REMOVA SECULO DE LA COLOR INERAL DIRECTOR	5/13/	186 LE	DAR OF CEMETERY OR CREMATO	Si	LOCATION CITY OR TOWN UTLAN BY REGISTRAR 251	DF	G.	MD	itE e
DHMH - 16 60M 7/84 (VRA 15, 4)	TA	LOR FUNERA	CHAP	E. ADDRESS	UNA Polis /AD "	MAY 1	5 1986	REGISTRAL	NUMBER	Mandel	ب =

2/000-00

STATE OF R	TAKILAND
DEPARTMENT OF HEALTH	AND MENTAL HYGIENE
CERTIFICAT	E OF DEATH

IENE	C	REG. N	۷٥.	Î	5	1)	100
20. DA	TE OF	DEATH	MONTH	7	86		26. HOUR	
LACE			IDTUD AND	MC 144	HDER L ME		summer d.	Ξ

00-06500	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	REG. NO.	3 / 5 5
may be page 3		CEASED NAME FIRST MIDDLE OR PRINT) ELITH A RACE	Hubbard S. DATE OF BIRTH 6. A		YEAR 26. HOUR 6/15P M
oth. Page 4	Je Bi	RTHPLACE ISLATE DATONICH TO CITIZEN OF WHAT	MARRIED WEVER MARRIED	ALTIMORE CITY OF COUNTY OF	DEATH
urs after dec	1	almore Deatons	650 + MedialCenter (14)	USUAL OCCUPATION PE OF WORK FOR MOST OF WORKING LIFE)	126, KIND OF BUSINESS OR INDUSTRY
YLAND 21 thin 24 ho	n	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE R		STREET ADDRESS / ZIP CODE	st 21216
MORE, MAR		VAS DÉCEASED EVER IN U.S. ARMED FORCES? 166.	enders Alvada SOCIAL SECURITY NO. 12 NFORMAN	, Scott ADDRESS	/ £1213
BALTIMO		18. CAUSE OF DEATH (Enter only one couse per line f PART I. DEATH WAS CAUSED BY:	_ //	nes Ylozd PRE	APPROXIMATE IN TYAL BETWEEN ONSET AND DEATH
NG PHYSICIAN: The low requires that the death contents benecuted within 24 hours outending physician. The low requires that the death contents benecuted within 24 hours oftending physician. Item this certificate has been signed by the attending obstaces and completely filled in the ost the buriel-transit permit. Then please remove corbit pages, if and 2 should he list hand Mental Hygiene prior to burial, cremation, or remit and according to the medical examination or selected or item 18 shows any injury, or other traumatic event, the medical examinations.		Conditions, if any, which gave rise to immediate	ACONSEQUENCE OF A CONSEQUENCE OF	ing with mets	
ORDS, 20 requires een signee it. Then pl ior to buri vy injury, o	VIION	for Seiture (Total Carting	10 H B	ERE FINDINGS USED
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DIVISION OF VI DING PHYSICIAN: or ottending physics After this certification of the ord Mental Hy morked or item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e, PLACE OF IN (AT HOME, STREET, FA	MONTH DAY YEAR 19	CITY OR TOWN	COUNTY STATE
ATTENDI spitol or CTOR: A Ifor use 10 Heal		22a I certify that (I) (his hospital attended the decision of the deceased of the on above (II) we) (did did not) view the body after 22b. SIGNATURE		to	
ITAL O by the RAL DI detock		224 PHYSICIAN'S NAME (TYPE OR PRINT)	A ATTENDING _ M	EDICAL STAFF RECTOR PHYSICIAN	S/7/86
TO HOSPITAL retained by 1 TO FUNERAL should be de with the Stort	73n I	BURIAL, CREMATION, REMOVAL 236. DATE		Over Stree	*
BP	74 6	SURIAL 5/13/80	CECARHILL		DUNTY SATE
DHMH - 16 50M 4/83 (VRA 15, 4)	1	Redd Funefal Hom	e ADDRESS 209 YORKA MAY 1	4 1986 Julia Devid	



completely filled in the funeral director, page 3. I and 2 should be filed within 72 hours after death

	STATE OF MARYLAND
FOR	DED A DEMENT OF HEALTH AND MEN

PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG.	NO.	C)	3	1	õ	é
OF I	DEATH	MONTH	DAY	YEAR	25	HOUR	

	REGISTRAR									
	CEASED NAME	FIRST	MI	DDIE	. LA	ST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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3. SE)	× E	1	RACE	1	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BI	THDAY)	MONTHS DAYS	
	_emale		W	hite	14	-9-21	65	YRS		
	IRTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF W	HAT COUNTRY?	8. MAPPIED	■ NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH	
	rginia		U.S.A.		WIDOWE		Balti	more	City	M
10 CT	ITY OR TOWN OF DE	ATH 1		DSPITAL, NURS II		ROTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OF
Ba	altimore	- 0				dical Center	Homemaker), 44 OKK 1140 E	INDOSTR.	
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Ma	ryland		imore	Dundal		YES NO X	14 Graywoo			2122
14. FA	ATHER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE			AST
Le	onard			Buckel	s	Cornie	WIDDLE		Sna	
60 V	WAS DECEASED EVER			166. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
No	YES NO OR UNKNOWN	(IF YES GIVE	WAR OR DATES)	213-34-	4987	Howard W.H.	Hubbard	San	ne as 1	3e
	18. CAUSE OF DEAT	H (Enter anh	ane coure per li				,			XIMATE INTERVAL
	PART I. DEATH V	VAS CAUSED	BY.	me far (o), jor, ai		all Ann	et		BEIWEEN	ONSET AND DEATH
		IMMEDIATE	CAUSE (a)			GNAIL TITE	7 -	_		
			0115 70 00		IENICE OF				1/4	nonth
			DUE TO, OR	AS A CONSEQU	JENCE OF		1 1 1			
	Canditions, if any		(1b)_	AS A CONSEQU	DENCE OF	myocerdial I	ntaretrin			70075
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21222

Dundalk, Maryland

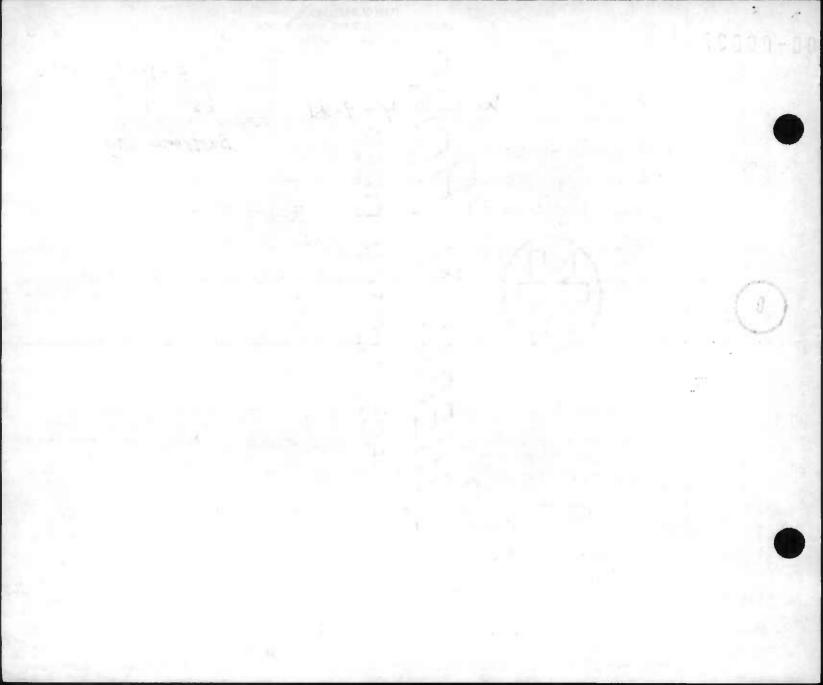
DHMH - 16 60M 7/ (VRA 15, 4)

7922 Wise Avenue

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attention should be detached for use as the burial-transit permit. Then pleas a minore with the State Dept of Health and Mental Hygene prior to burial, cremation

TO HOSPITAL OR ATTENDING PHYSICIAN. The law retained by the haspital or attending physician.



ly filled in by the funeral director, page 3 should be filed within 72 hours after death

moy

STATE	OF	MARY	LAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4.	

REGISTRAR	,	ERTIFICATE OF DEATH	REG. NO.	10,0,0
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Adelaide	Curry	Hudgins	5-2-86	M
3. SEX 4. RAC	E 5.	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female W	hite	8-9-1909	76	MONTHS, DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 76 CIT)	IZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	
Harford Co. US.	٨	VIDOWED A DIVORCED	Baltimore Cit	y MD.
	AME OF HOSPITAL, NURSING I	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12h KIND OF BUSINESS OR
Balto. City 59	05 Marluth Ave	nue	Adm. Superviso	r C & P Telephon
USUAL RESIDENCE (IF NURSING DIMEOR OTHER IN 130, STATE COUNTY	NSTITUTION GIVE RESIDENCE BEFORE ADA 130 CITY OR TOWN Balto. Ci	13d. INSIDE CITY LIMITS?	13: SIREET ADDRESS / ZIP C 5905 Marluth A	ve. Balto. 21206
14 FATHER'S NAME FIRST Lawrence	G. Tucker	15 MOTHER'S MAIDEN NA/	ME	Curry
160 WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN) (IF YES GIVE WAR OF			ADDRESS	outhway Apt 359-1
		7 1 1		
18 CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:	louse per line for IOI, (b), and Ic	A The One	11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUS	SE (o)	is of the seu	ne	4 years
PART 2 OTHER SIGNIFICANT CONDIT	UE TO, OR AS A CONSEQUENCE (c) TIONS CONTRIBUTING TO DEA		inal disease or condition	GIVEN IN PART 110
190. DATE OF OPERATION 191 210. ACCIDENT WAS UNDERLYING 211	b. CONDITION FOR WHICH OP	ERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{VO} \)
	TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	
	B. PLACE OF INJURY THOME, STREET, FACTORY OFFICE, FARM	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (I) (this hospital) att	7 10 0	ond that in (my) (our) opinion of	deoth occurred on the date and	hour and from the causes stated
obove, (I) (we) (did) (did not) view (27b, SIGNATURE 27d, PHYSICIAN'S NAME (TYPE OF PR	lhe body ofter death.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 5-2-76
	DATE 22 NAA	AE OF CEMETERY OR CREMATORY	123d LOCATION	
Burial 5-		wood Cemetery	Balto.	Balto., MDATE
24 FUNERAL DIRECTOR 1 Tro	6/15 Boloir	Pd 21206 250 DATE	E REC'D. BY REGISTRAR 25b. REG	GISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

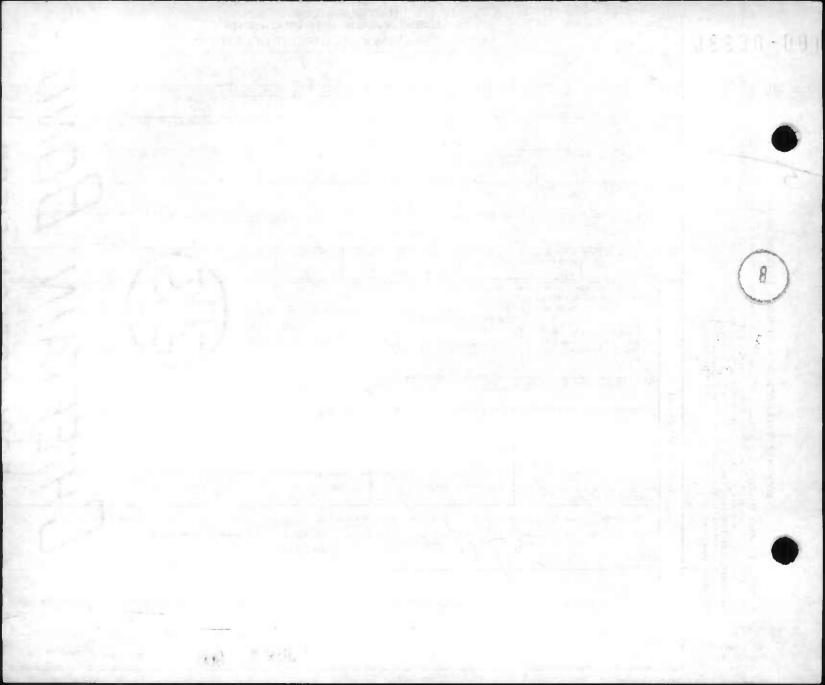
BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

		1.	FOR STATE				DEPART	STA MENT OF		ARYLAN AND ME	_	GIENE		1 7	1	~	8
0 - 0	8336		REGISTRAR			ME	DICAL	EXAMIN	IER'S C	ERTIFIC	CATE OF	DEATH '	REG. 1	10.	,	3	9
			CEASED NAM	E FIR:	12		WIDDLE			LAST		20 DAT	E KNOWN	HTHOM	DAY	YEAR	2h HOUR
	LES. ES.				nne				F	Iudson		DEA	TH MATED	□ 5/	31/1	, 86	M
	ECCSSARY, PLASE INERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	3 SEX	emale	4. RACE Black	MON	TE OF BIRTH	YEAR 43	6. AGE (IN YE LAST BIRTHE 42 Y			HOURS A	AIN PRONC	ATE DUNCED AD	MONTH 5/	31/ s	YEAR 19 86	7:25 P M
	A S A S A S A S A S A S A S A S A S A S		RTHPLACE (S	TATE OR	7b. C	ITIZEN OF WI	HAT COUN	TRY?	8 MARRI	ED X NEV	ER MARRIED	9. BAL	IMORE CITY	OR COUN	TY OF DE	EATH	
	SEC SE	1	Marylan	d	- 2	- (J.S.A		WIDOW	- minute	DIVORCED		altimo	re Cit	-v.		MD
1	THE THE PARTY OF T	10. Ç1	TY OR TOWN		(1)	FNOT IN SUCH FA	CILITY, GIVE S	TREET ADDRESS)	E, OR OTH	ER INSTITUT	ION	20 USUAL OC FOR MOST OF N	CUPATION (T		12b. KINI	D OF BUS	
71	20 X 20 X	ÜSUA	Baltir AL RESIDENCE	NOTE		2521 La R INSTITUTION, GI	VE RESIDENCE	a Ave.	10N)			N/A					
1	A POLICY OF THE PROPERTY OF TH	13a. S	Marylan	d 13b C	OUNTY		113c. CITY	ORTOWN		13d. INSIDE CI	NO 🗌		aurett	a Ave	nue	2122	3
RE, MO	A SECTION OF THE PERSON OF THE	14. F/	Joe		MIDD E	•	Mai	rshall		15. MOTHE Man	R'S MAIDEN		WIDDLE	Pe	ters	on	1-10
1	O to A		VAS DECEASE		ARMED FO		16b. SOC	CIAL SECURIT	IY NO.	17. INFORM			ADDRES	55			
(3B	TA TANK		NO	(0 103	ONE WAR OR	DA (CS)	218	-40-67	66	NAth	naniel	Hudsor	2521	Laure	tta	AVen	ue
1	S S S		18 CAUSE C	F DEATH (Ent	er anly one	cause per line	far (a), (b), and (c).)								PROXIMATE I	
7	A PROPER	18	PARTIDE	ATH WAS CA	USED BY:	JSE (o)	Arte	roscle	erotic	Card	iovasc	cular D	isease	34			
STO	NEAE POO				(DUE TO, OR	AS A CON	NSEQUENCE	OF								
E	E SE			ns, if any, w se to immed		(b)									300		
*	SE TEN		cause (a lying cau	stating the ur	nder-	DUE TO, OR	AS A CON	SEQUENCE	OF				1	2 20	100	100	
20	SASASS		lying coo)3E (USI.	((c)											
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N. N.	HOULD BE END THEF WED THE WED	1 \	19a. DATE OF	OPERATION	-	19b. CONDIT	TION FOR	WHICH OPE	RATION W	AS PERFORA	MED?				70 AL	JTOPSY?	
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DIVISION OF VITAL RECORDS, 201	ERTHCATE SHOULD ING THE WORD "PR D TO THE CHEE A I SHOULD BE USED EPARTMENT OF HE PRICE TO BURIAL	AL CERTIFICATION	UNDERLYING	AL CAUSE WA		21b. TIME OF HOUR A.M	MONTH			W INJURY	OCCURRED	(ENTER NATURE O	F INJURY IN ITEM	B PART 1 OR PA		.3 X	140 []
Sio	PAS	MEDICAL	21d. INJURY C	NG CAUSE	OF DEATH	P.M.		19 (AT HOME	211 LOG	ATION							
DIV	WRITH WARDEL VAGE 3 FATE DE	ME		NOT WHILE			ORY, FARM, E			TREET		CITY OF	TOWN ,	co	YTAU		STATE
	A H S A H S		22a. I certi	fy that I taak o	harge af th	emains des	cribedabo	ve, held on	Autop	y X.	Inspection	. Inqu	iry .	and in my op	pinion		
_	MA SEE		death result	ed fram: 1	Natural cay	(m)	Acfident		vicide	Homici	ide 🔲	Undetermined	monner	,			
	MAR WAR				76	XM	V			TITLE (SE	PECIFY)						
-	44544 A	1	SIGNATURE,		/	1/ "			M	D. Assi	stant	_MEDICAL EX	AMINER	DATE	EDS	6/1/8	36
	TO MEDICAL EXAMPLES. EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR AFTER DEATH, WITH THE S BALTIMORE MARYLAND	1	EXAMINER'S	NAME		0											
	ALER ALE		(TYPE OR PRI	NT)(Y R. K				ADDRESS	111	l Penn	St.				
	FUSTA9	23a.B	URIAL, CREMA	TION, REMOV				NAME OF CE				23d. LOCATIO		COU	NIY	STA	TE
07/84	BP		BURI		6/	/4/86		Md. Na	tiona			Laure	,		ld'.		
25M	DHMH - 17		UNERAL DIREC		11.	ADDRESS						C'D. BY REGIST					
	(VR A15 ME (5))	1	larch F	uneral	Homes	5 1101	East	North	Aven	ue	JUN 3	5 133	3 Troise	Davidon	1		1



06241	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 O	1 3	3 / 5 9
21		CEASED NAME FIRST	RLES	H.	HU	SHES	05 05		7 4 0 P
4	3. SE	(4 RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDE	ER I YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
-+		Male	Cauca			. 10, 1922	64	YRS.	
51 00		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DE	EATH
	_	est Virginia	U.S.A		WIDOWE			11	Y MD.
国中的		BALTO.	North	Charles	ADDRESS Gener	al Hospital	(TYPE OF WORK FOR MOST OF WO Retired		Disabled
11/15	130. S Ma	4		13c. CITY OR TOW Baltimo	/N	13d INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / ZIF	St.	21218
September of the septem	14. FA	THER'S NAME FIRST William F	MIDDLE	Hughes		15. MOTHER'S MAIDEN NAI	MIDDLE		Rexrode
ond c		VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	232-20-		Pauline Grib	ADDRESS	R.D.	
or the attending physician se remove corban popers: cremation, or removal.		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	DUE TO, C	OR AS A CONSEQUE	TE ENCE OF	MYOCAR	2DIAL 2CTION		in WV 26264 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO DAY
en signed k Then pleo or to buriol, rinjury, or or	NOI					NOT RELATED TO THE TERM			73
ician. Ite has been sit permit. Igiene prio shows any	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	n was performed			E FINDINGS USED CAUSES OF DEATH? NO
phys trifico I-tro ol Hy n 18		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR	PART 2)
attending ter this cer is the buria n and Ment rked or Iter	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	(0	DUNTY STATE
haspital or att		220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	on 05 U	5 19		nd that in (my) (our) apinion	death occurred on the dote o		
by the		226. SIGNATURE 726. PHYSICIAN'S NAME (1)	PE OR PRINT)	al.	- t	ATTENDING PHYSICIAN [22e ADDRESS NOR	MEDICAL STAFF DIRECTOR PHYSICIAN	J h	OSPILES
TO FUSE retained by TO FUNER should be with the Ste		BURIAL, CREMATION, REMOV	AL 23b. DATE 8 May			EMETERY OR CREMATORY The Memorial Ce	23d LOCATION CITY OR TOWN metery Rocki	I, Olivi	Co., VA STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Capitol Funeral Service, Falls Church, VA

Beverage Memorial Cemetery Rockingham Co., VA

F. T. THINKS AND D. M. M. W. O. C. L. St.

Land Landoung agranus al and L the gry on the second section is

death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter

etained by the hospital ar attending physician.

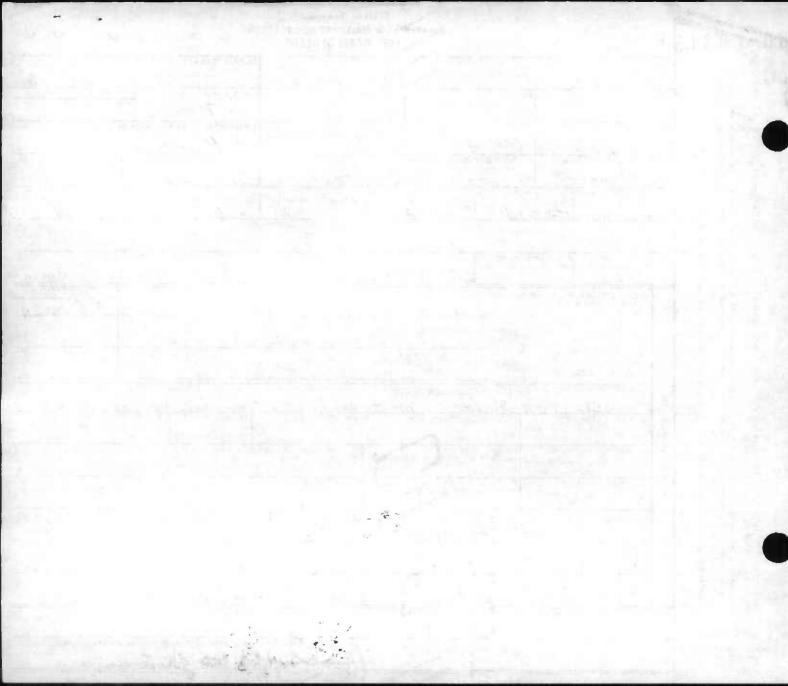
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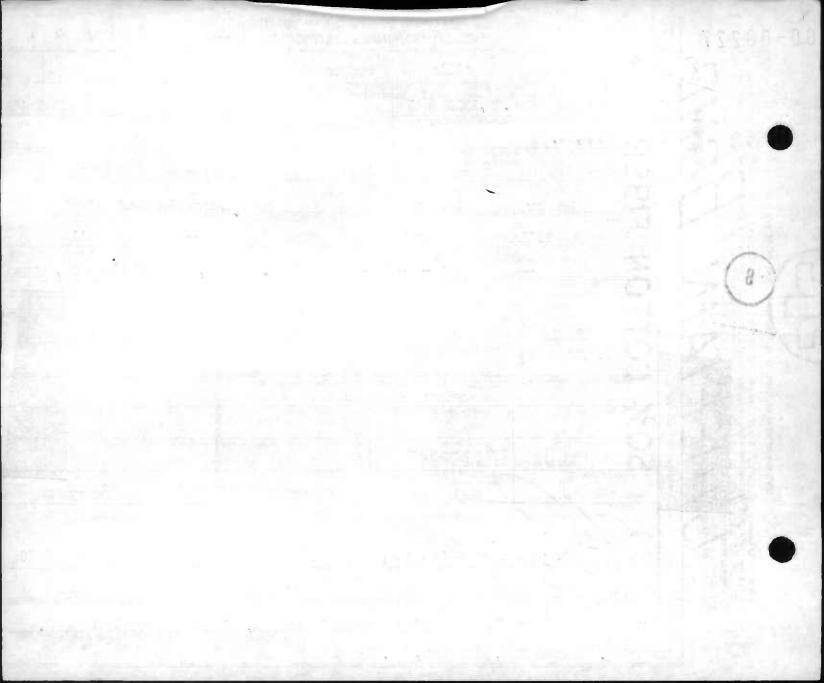
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

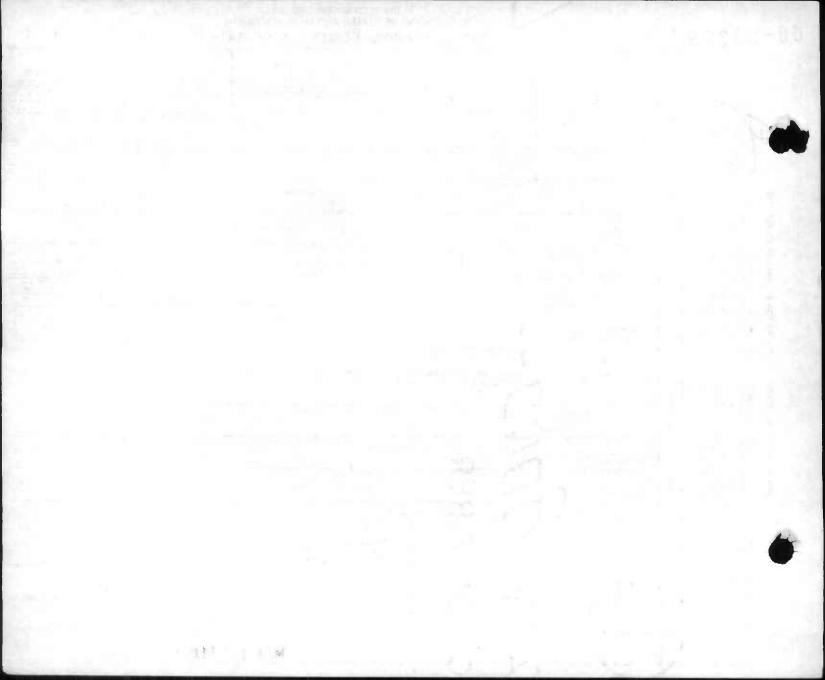
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	STATE		DEPARTMENT OF HEALTH		0 0	1 3	101
	REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	LAST /		REG. NO.	SONTH DAY YEAR	
3. SEX	Robe	4 RACE	5. DATE OF BIRTH	25 DAY YEAR	AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 1	
75%	RTHPLACE ISTATE OR FOREIGN DUNTRY)	16 CITIZEN OF WHAT CO	OUNTRY? 8. MARRIED NI WIDOWED L, NURSING HOME OR OTHE	EVER MARRIED . 9	BALTIMORE CITY OF BALTIMOS 20. USUAL OCCUPATIO	re City	H ND OF BUSINESS
B	ALTESIDENCE (IF NURS	Montede	ello Cente	2.V	DISADIE		
13a. S	AT VI And HAT	ford To	YORTOWN 13d. INS		309 / r	mble T	ORd
12	WILLS A	ARMED FORCES? 166 SOL	aghes	ORMANT	ADDRE	55	LAST
		GIVE WAR OR DATES)	2-36-8952 KA	ren Paci	4 1250 1	Plaza Circ	PROXIMATE INTERVAL
	Canditians, if ony, which gove rise to immediate cause (o), stating the underlying couse last.	DUE TO, OR AS A C	the pulmons	ary embol) // S		
TIFICATION	SEIZUY	e disorder	DI WHICH OPERATION WAS	PERFORMED EXT	YES NO	VENDUS F 20b. IF YES, WERE FI IN CERTIFYING CAL YES [NDINGS USED USES OF DEATH?
CAL CERTIFICATION	seizur	19b. CONDITION FO	DI ATEVAL OR WHICH OPERATION WAS Y ONTH DAY YEAR 19	PERFORMED OW INJURY OCCURRE	rem deep 20a AUTOPSY?	VENDUS F 20b. IF YES, WERE FI IN CERTIFYING CAL YES [NDINGS USED USES OF DEATH?
MEDICAL CERTIFICATION	SEIZUY 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	19b. CONDITION FO	DI ATEYAL OR WHICH OPERATION WAS Y ONTH DAY YEAR 19 RY ORY, OFFICE, FARM, ETC.) 21f. LC	PERFORMED EXT	YES NO	20b. IF YES, WERE FI IN CERTIFYING CAL YES YIN ITEM 18. PART 1 OR PAR	NDINGS USED USES OF DEATH?
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMILE NOT WHILE NOT WHILE NOT WHILE	19b. CONDITION FO	DR WHICH OPERATION WAS Y ONTH DAY YEAR 19 RY ORY, OFFICE, FARM, ETC.) Sed from 0.5/28 19 OTh. DEGREE	PERFORMED OW INJURY OCCURRE OCATION STREET , 19 8 6 in (my) (our) opinion de	YES NO CITY OR TOWN 10 AUTOPSY? YES NO CITY OR TOWN 10 0.5/2 eath accurred on the do	POR DE SE LE COUNTE	NDINGS USED USES OF DEATH? NO TO TO THE STATE





20M 4/82



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.				- 55	

00-	05908	1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HY	'GIENE	8 6 REG. NO.	13	163	
	71		CEASED NAME E OR PRINT) Re	egina		gnes	Hur	lle		-1986	DAY YEAR	25 HOUR 8:55P.M	
	dder pug	3. SE	Female BIRTHPLACE (STATE OR FOREIGN Maryland		White 76 CITIZEN OF WHAT COUNTRY? U.S.A.			MARRIED NEVER MARRIED WIDOWED DIVORCED		6 AGE (IN YEARS LAST BIRTHDAY) 74 YRS.		MONTHS DATS HOURS MIN	
201 rs ofter death. Pa	The second secon						MARRIE			to. City		EATH MD.	
	by the liled will have]	Balto.		11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 14/4 Winston Ave.			DR OTHER INSTITUTION				O OF BUSINESS OR	
AND 212	filled in. nould be	13a.	AL RESIDENCE (IF NURS STATE Ad.	13b COU		GIVE RESIDENCE BEFO 13c. CITY OR TO Balto.	ORE ADMISSION) WN	134. INSIDE CITY LIMITS?	144	T ADDRESS / ZIP CO		239	
MARYL	ompletely ond 2 sheep sh		Alfred			ussell		15. MOTHER'S MAIDEN N	NAME		Watson	AST	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120: NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours ottending physician.	on and Co. Pages 1		WAS DECEASED EVER YES NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	218-40		Gerald Lee 1	Hurdle	, 1005 Lit			
	ires that the death certificate gned by the attending physici in please remove carbonopoper burial, cremation, ar removal. iry, ar other traumatic event, th	7	Canditions, if any gave rise to im cause (a), statiunderlying cause	VAS CAUSE IMMEDIA r, which mediate ng the e last.	DUE TO, OF	ML R AS A CONSEQ R AS A CONSEQ	UENCE OF	NOT RELATED TO THE TEL			M	DXMATE INTERVAL N ONSET AND DEATH	
AL RECORDS	ion. the low require. the hos been significant to permit. The properties to how sony injury.	CERTIFICATION	19a DATE OF OPERA	- 84	C	2 2 Ca	CON CONTRACTION	n was performed	YES [NO NO CER	YES, WERE FIND RTIFYING CAUSI YES	ES OF DEATH?	
SION OF VIT	PHYSICIAN: I tending physici this certificate he burial-transind Mental Hyginal and an Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d INJURY OCCUR	CAUSE OF DE	R) HOUR A.I	M. MONTH M.	19	21f LOCATION STREET	URRED (ENTER	CITY OR TOWN	18 PART I OR PART ?	STATE	
HOSPITAL OR ATTENDI	OR ATTENDING by hospital or other of the CTOR: After ched for use as to Dept. of Health of Health of Hem 21 is market		white Not wat work 22a. I certify that (1) saw the decease abave, (1) (we) (22b. SIGNATURE	this hasp	1 - 10	719		nd that in (our) apinion DEGREE ATTENDING		5-6 Tred an the date and AL STAFF DR PHYSICIAN	haur and fram th	that (1) (we) last ne causes stated	
	ro Hospital of the retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If		22d PHYSICIAN 5 Phili	COMPEDITOR	Moore, M			3925 Beech	Ave.		5	-7-16	
	BP		BURIAL, CREMATION (SPECIFY) Buria.		23b. DATE 5-9-		Morel		В	alto., Md.		STATE	
(OHMH - 16 60M 7/B4 (VRA 15, 4)		eonard J.	Ruck,	Inc.,53	05 Harf	ord Rd		AAY 7	Y REGISTRAR 255 REC		ATURE	

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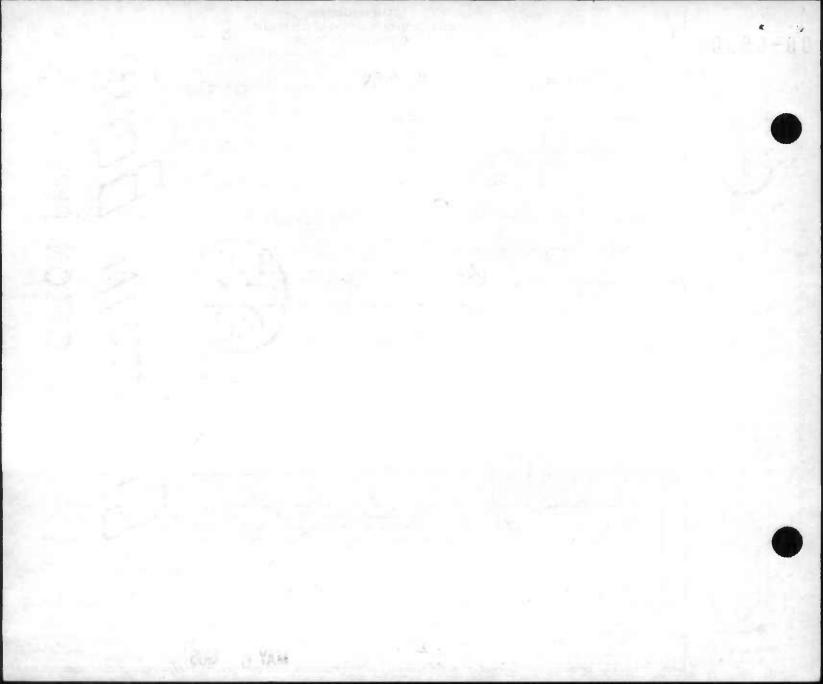
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Leonard J. Junes, Care, Bull Jagland Rd.

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MARYLAND 21201
E, MA
BALTIMORE,
PRESTON ST.
201 W.
RECORDS,
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NOIS

		FOR	DE		OF MARYLAND EALTH AND MENTAL HY	GIENE O 6	1 .	2 7 6 0		
-05805		REGISTRAR	CERTIFICATE OF DEATH REG. NO.							
11		CEASED NAME FIRST	MIDDLE	4.4	AST	-	MONTH DAY	C 15 AM		
V		SADY		HYMA	N .	5	18			
15	3 SE	X	4. RACE	5 DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDI	DAYS HOURS MIN.		
		FEMALE	WHITE	MAY	22. 1903	82	YRS			
bI		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY OF DE	EATH		
-		MARYLAND	USA	WIDOWE	DYY DIVORCED	BACTIA	OI L	1 PZ MD.		
10	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		R OTHER INSTITUTION	128 USUAL OCCUPATION		KIND OF BUSINESS OR		
16		LTIMORE	SINAI HO	SPITAL		HOUSEWIFE		AT HOME		
35	USU, 13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b. CO.		CE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	#21215		
9	MAF	RYLAND_	BALTÍ		YES NO	3114 BANCI				
	14. FA	THER'S NAME	MIDDLE LA	AST	15 MOTHER'S MAIDEN NA	AME		LAST		
0		JACOB	SHAP		DORA		F	ROSENBERG		
1		VAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17 INFORMANT	ADDRE	ss #2121	15		
		NO	2/6-	09-1741	MRS, CEIL BR	RUTZKUS 3818				
		18 CAUSE OF DEATH (Enter	only one cause per line for (a),	(b), and (c) I				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS CAUS	ATE CAUSE (o)	UTE MY	LOCALDIAN 3	NEMICTION		NINUS		
U										
-			DUF TO OR AS A CON	NSEQUENCE OF			4.70			
Tours of		Canditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	MTEN4	CISENST		yenny		
TO III O		Conditions, if any, which gave rise to immediate cause (a), stating the	(b) Co	enontry	1 An Ting	0158745 €		YEARY		
		gave rise to immediate	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON	enontry	y An Ting	as ense		yenny		
ry, or giner froumon		gave rise to immediate cause (a), stating the underlying cause last.	(b) Co	ONOW HAY			DITION GIVEN IN			
injury, or other troumot	ION	gave rise ta immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN'	(b) C(DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	MONUTALY NSEQUENCE OF NG TO DEATH BUT H	NOT RELATED TO THE TER/	minal Disease or cont		PART I/o		
	ICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	MONUTALY NSEQUENCE OF NG TO DEATH BUT H	NOT RELATED TO THE TER/		20b. IF YES, WER	PART I I O		
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29		gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN' 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINE C	DUE TO, OR AS A CON (c) TONDITIONS CONTRIBUTION 196 CONDITION FOR W 216 TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT MOME STREET FACTORY) (pital) attended the deceased	SEQUENCE OF NG TO DEATH BUT IN WHICH OPERATION TH DAY YEAR 19 OFFICE FARM ETC.)	NOT RELATED TO THE TER/ N WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION SIREE1	200 AUTOPSY? YES NOT NATURE OF INJURE CITY OR TO:	20b. IF YES, WERI IN CERTIFYING YES TY IN ITEM IB PART I OR	PART I TO E FINDINGS USED CAUSES OF DEATH? NO PART 2) PART 2) DUNTY STATE		
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00	U	09	16	1	REGISTRAR
h 1	, be	ge 3 leoth			CEASED NAME (E OR PRINT)
	4 moy be	director, page 3		3 SE	x Female
	e l	72 hour	1		IRTHPLACE (STATE OR FORE
	de de	a town	1	10 C	
1201	pour of	be filled	100	USU.	ALT CITY AL RESIDENCE (IF NURSING
AND 2	hin 24 h	thoold b	25	M	aryland
MARY	thin pa	and 7		14 FA	THER'S NAME FIRST Jacob
MORE	N STREET	Pogen.	medicol		NAS DECEASED EVER IN YES NO OR UNKNOWŅI (
ST. BALI	throate	па рауною Боорарет гелохої.	Marie Ba		18 CAUSE OF DEATH A PART I. DEATH WAS
PRESTON	(8)	d by premierang cost remove corbo of, cremation, or re	or other traumatic		Conditions, if ony, w gove rise to immed couse (a), stating underlying couse
RDS. 20	equire	Ther p		NO O	PART 2 OTHER SIGNIF
L RECO	e low r	hos been signed permit. The sine prior to	Ave out	IFICAT	190 DATE OF OPERATIO
DIVISION OF VITAL RECORDS, 201 W	OK ATTENDING PHYSICIAN: The low require hospital or offending physicion.	NERAL DIRECTOR. After this certificate has been sign be detached for use as the burial-transit permit. Then e State Dept. of Health and Mental Hygiene prior to the	ANT: If Hem 21 is morked or Item 18 shows any injury	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU [IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED
DIVIS	DING or off	se os th	morked	<	WHILE AT WORK AT WORK 22a 1 certify that (I) (th
	R ATTEN	ECTOR ed for u	em 21 is		sow the deceosed obove, (I) (we) (did 27b. SIGNATURE
	SPITAL OR	detoche	AT: If He		Alla
1 - 1	SPIT d by	De Ste	TAP		22d. PHYSICIAN'S NAM

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	CERTIFICATE OF DEATH
-	LAST 20 D

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8	0		0	1	0	
	REG. NO.					

								REG	NO.			
	I DECEA	ASED NAME FIRST		MIDDLE	F	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	THE OK	Marie	2	Marguerit	e	Hyser			05	18	86	12 23 A M
	3 SEX		4 RACE		5 DATE C			6 AGE (IN YEARS LAST	BIRTHDAY)		ER I YEAR	IF UNDER 24 HRS
		Female	Whi	te	5	26 (ĵ5	80	YRS.	MONTHS	DAYS	HOURS MIN.
٢		IPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIE	ED 🗆	9 BALTIMORE CITY	OR COUNT	Y OF D	EATH	II Eu
2		vland	U.S.	Α.	WIDOWE			BALT	CITY			MD
-		OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	NC	12a USUAL OCCUP			KIND O	F BUSINESS OR
S	BAL	17 C174	UNIU		ARTLA	10 Husp		Assembly				llery
2	130 STA Mar	yland		Baltimo	N	13d INSIDE CITY LIM		13e STREET ADDRES	s / zip coi alhoun	St.	21	223
	14 FATH	ER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAID	DEN NAM	WE WIDDLE			1AS	ī
2		Jacob		Dimele	r	Emma	a				Sch	wartz
1		DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECUI		17. INFORMANT			DRESS			
J		10		218-01-0	484	Ella May	Bis	hop 405 S	. Calh	oun	St.	21223
1	18	CAUSE OF DEATH (Enter o		line for to , (b), one	d (c						APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (0)	Card	Juganie	Shoule						
1			DUE TO O	r as a conseque	NCF OF							
Ч		Conditions, if ony, which	(b)_	VS	0							
1		ove rise to immediate ouse (a), stating the	DUE TO O	R AS A CONSEQUE	NGE OF			0				
1	-	inderlying couse lost.	(6)	Presimed	Awre	- Myscircle	4	Intacion				
		ART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	HE TERM	INAL DISEASE OR CO	ONDITION G	IVEN IN	PART 110	
	NO N	HTI	DH DM									
2	TA 190	DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?				OF DEATH?
-	CERTIFICATION 12							YES NO		ES	CAUSES	NO [
200	E 21	a. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY	OCCURR	RED (ENTER NATURE OF	UJURY IN ITEM 18	PARTIO	PART 2)	
1	AL	R CONTRIBUTING CAUSE OF DE	AIH		19							
	MEDICAL	d INJURY OCCURRED	21e PLACE			211 LOCATION		CITY OF	TOWN		OUNTY	STATE
		WORK NOT WHILE	(AT HOME STE	REET, FACTORY OFFICE, FA	ARM ETC)	SINCE			10411			31816
	22	a 1 certify that (I) (this hosp	oital) attended th	e deceased from_	51	7186 19	86	5	15	. 19_6		that (11 (we) lost
		sow the deceased alive or above, (1) (we) (did) (did n			PL, or	nd that in (my) (our) o	opinion o	deoth occurred on the	dote and ha	our and f	rom the	couses stated
	22	b. SIGNATURE				DEGREE				2	c. DATE	SIGNED
		Islen lex	m MD			ATTENE PHYSIC		MEDICAL S DIRECTOR PHY	TAFF SICIAN		5/12	13
	22	d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS						7 1
		Allen	Solumur			22 S.	G	rene Si	Bet	MI	1 2	1201

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 5/21/86

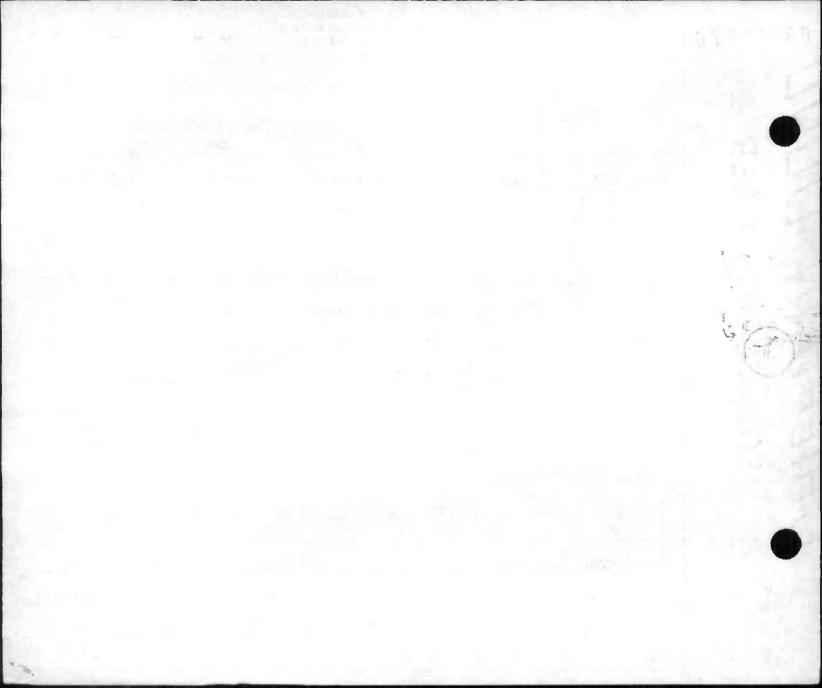
Maryland

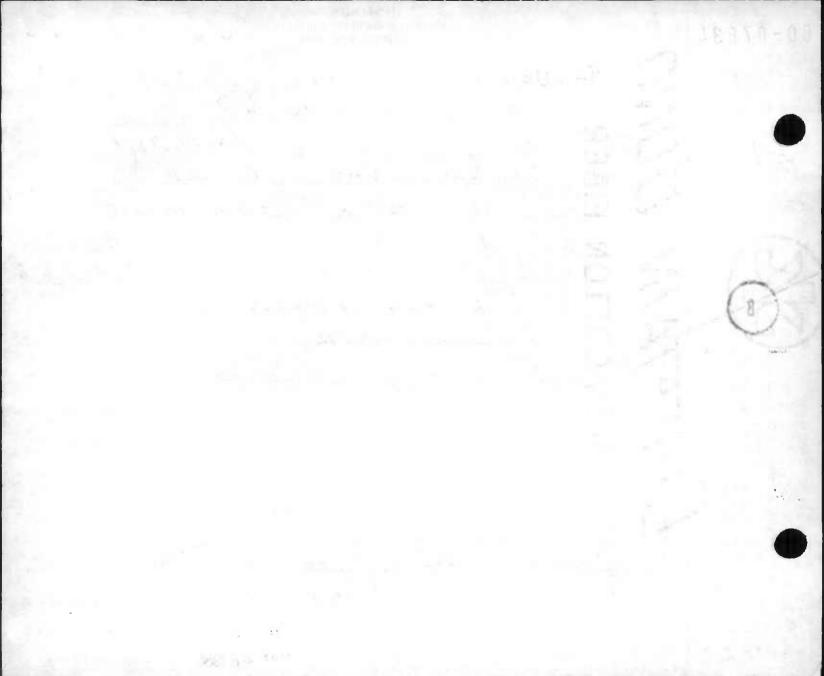
Burial 5/21/86 Cedar Hill Cem.

Property of the state of

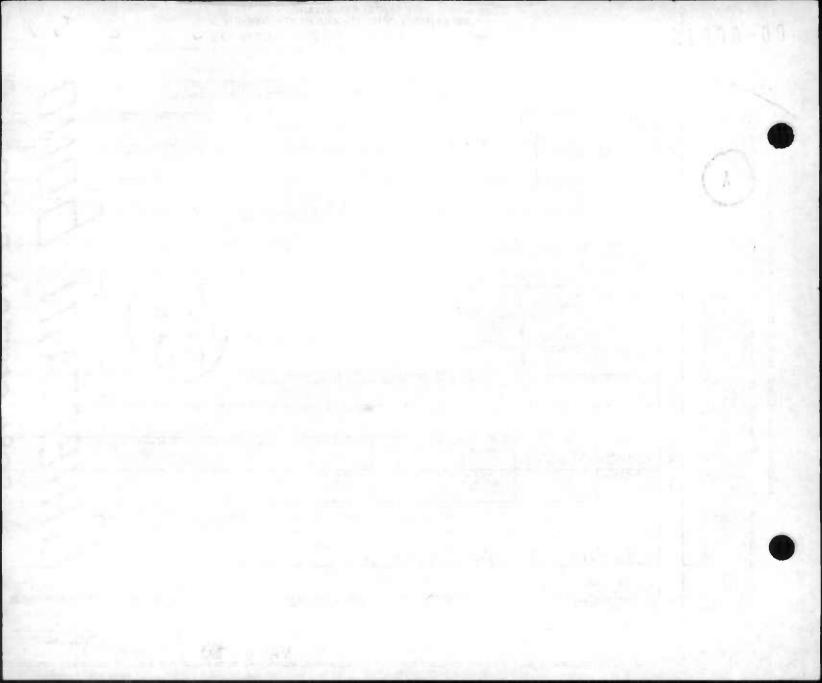
Brooklyn Pk. A.A. Mary

250. Date rec'd. By registrarizsb. registrar's signature.





STATE OF MARYLAND

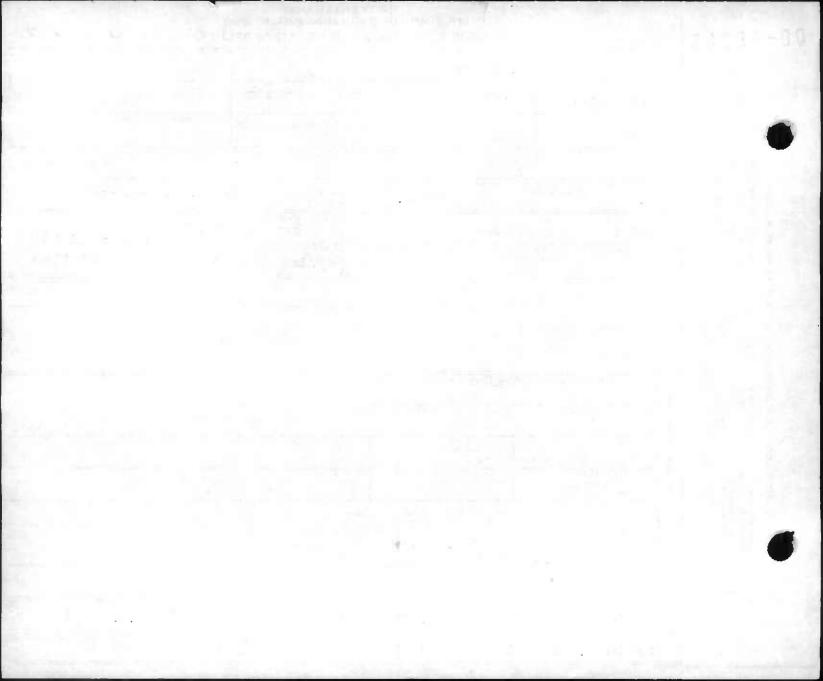


	I D	ter	500			36 G-618 , /Gbj. D		In STATE C	LTH AND M	ENTAL H	6	6		3	1	6	8
- 0	6/55		REGISTRAR			MED	MIGDLE	EXAMINER		CATEO	FDEATH	K	EG. NO.		•	_	7
	14.00		CEASED NAME		FIKSI		WIGDFE		LAST			OF EST		HTMOM	DAY	YEAR	26 HOUR
	MSRSE ESES	1: SEX		G]	LADYS	C DATE OF BIRTH		14 105 100 1	JACKSC			EATH MAT		5 AONTH	1319	86 YEAR	N
	OUR FILE OUR FILE ON STREE	F			В	5. DATE OF BIRTH DAY 3 16	25	61 YRS.	MONTHS DAYS	HOURS	MIN PRO	DATE NOUNCED DEAD		5	1319	86	12:1 PM
	20 M 2 M 3 M 3 M	FC	RTHPLACE (STA DREIGN COUNTRY) ARYLAND	TE OR		76. CITIZEN OF WH.	AT COU	N	ARRIED NI	EVER MARRIE		altimore o			OF DE	ATH	MD
3	SERVING S		altimor		Н	11. NAME OF HOSP (IF NOT IN SUCH FACE	ILITY, GIVE			MOITL	FOR MOST	OCCUPATIO OF WORKING LI EKEEPE	N (TYPE OF		OR IN	OF BUS	INESS
21201	ANN DE AND 3 TO RETAIN HOULD B PECCEPD	130 S		F IN NURS	ING HOME OR	OTHER INSTITUTION, GIVE	13c. CIT	E BEFORE ADMISSION) Y OR TOWN ALTIMORE	13d. INSIDE	CITY LIMITS?	13e STREET			ION .	AVE.	2	13
RE, MD.	NO SEATH	V	ATHER'S NAME VILBUR			MIDDLE		LAST CKSON	AU	ER'S MAIDER		MIDDLE			LAS ENRY		
ALTIMO	APTER I ANE PACH H FOR AGES I	(Y	WAS DECEASED ES, NO, OR UNKNOW TO		U.S. ARM IF YES, GIVE W Yes			9109697	11 9 6		ONES 25		GEE S	ST.	N.Y.		
W. PRSTONST.	ED WITH PENCIL AMINER AMINER AMINER EN THE FENTAL HYGENE OR REMOVAL		Canditians gave rise cause (a) s lying caus	if an ir tating t	S CAUSED MMEDIATE y, which nmediate	DUE TO, OR A	conic		tive <u>pu</u>	lmonar	y dise	ease			APPRI BETWEE	OXIMATE I	NTERVAL AND DEATH
TAL RECORDS, 20	SHOULD BE EXECUTED WITH CORD. "PENCIL IN CHIEF MEDICAL EXAMINER E USED AS A BURAL - TRANSIT I OF HEALTH AND MENTAL HYBRIAL, CREMATION, OR REMONAL HYBRIAL H	CERTIFICATION		NIFICANT O		ONTRIBUTING TO OFATH BE	e l	ATEO TO THE TERMINAL O			T 1 (a).					OPSY?	
DIVISION OF VITAL	ERTIFICATE SING THE WOOD THE OF STANDING THE PEPARTMENT PRIOR TO BUT	MEDICAL CERT	210 EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK	G C	AUSE OF DI	21b. TIME OF HOUR A.M. EATH P.M. 21e PLACE OF STREET, FACTO	MONTH FINJUR	1 DAY YEAR 19 Y (ATHOME, 21	LOCATION STREET	Y OCCURRED		RE OF INJURY IN	ITEM 18 PART	COUN	2)		NO K
•	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201		220. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N	that I to	aak charge Natura	of the remains described to the course of the remains described to the course of the remains described to the remains des	Accident	, Suicide	TITLE (-		<u> </u>	DATE SIGNED	5-1	6 - 86	;
	TO PAGE AFTE BALT	23a.B	(TYPE OR PRIN URIAL, CREMAT					NAME OF CEMETE	7,000,000		23d LOCAT		100.	COUNTY		STA	TS.
07/84		E	BURIAL			5-17-86		BALTIMORE			BAL	TIMORE			MA	RYL	
25M	DHMH - 17 (VR A15 ME (5))		UNERAL DIRECT		/H INC	C. 1101 EZ	AST	NORTH AVE	NUE		AY 16	1986 1986		RAR'S SIC			عالات





STATE OF MARYLAND



00-05896

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR			DEPA		EALTH AND MEN		0 0	G. NO.	3 /	70
	CEASED NAME OR PRINT)	Hett.	G C	Ja	ctcs.	AST ON BERIPTH		DATE OF DEATI	15/6.	F UNDER I YEAR	26. HOUR
J. JE/	F		NACE VI	>	MONTH		YEAR 6	6	9 YRS.	ONTHS DAYS	HOURS ANN.
	RTHPLACE (STATE OR FO		LSA	VHAT COUNT	RY? 8. MARRIEI WIDOWE	NEVER MARI	CED 🗆	Val	Y DR COUNTY	ty	MD
6	all Mark	2	OTENOT HA SUCH	FACINTY, GIVE ST	TREET ANDRESS	ROTHER INSTITUT	10N B 120		PATION DISTOFWORKING LIFE NEMPLOYEE		F BUSINESS OR
13a. S	TATE/UD	136 COUNT		SIVE PESIDENCE B	EFORE ADMISSION)			STREET ADDRE	SS/ TIP CODE	Ave	2120)
4. FA	THER'S NAME		DDIE	LON	Ja	15. MOTHER'S MA	IDEN NAME	MIDDI		Jo	nes
	VAS DECEASED EVER VES. NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	213-3	SECURITY NO. 34-5415	Richar	d Ja		odress odza Ra	ansom	e Drive
	PART I. DEATH W.		BY:	line for (a), (b	Vic	Mas	ς			APPROXU BETWEEN C	MATE INTERVAL ONSET AND DEATH
	Canditions if any	which	(AS A CONSE	QUENCE OF						
	Canditions, if any, gave rise to imm cause (a), stating underlying cause	nediate g the	DUE TO, OR	AS A CONSE	EQUENCE OF						
NO	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS <u>CO</u>	NTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE OR C	ONDITION GIVE	N IN PART 110	3
CERTIFICATION	19a DATE OF OPERAT	ION	19b CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFORME	- 1	200 AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES	
	210 ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b TIME OF HOUR A.A P.A	A. MONTH	DAY YEAR	21c HOW INJURY	OCCURRED	(ENTER NATURE OF	INJURY IN ITEM 18 PA	RI I OR PART 2)	
MEDICAL	214 INJURY OCCURR	ILE 🗆	71e. PLACE C {AT HOME, STRE	OF INJURY EET, FACTORY, OFF	FICE, FARM, ETC)	211 LOCATION STREET	C1	CITY C	DRTOWN	COUNTY	STATE
	220 I certify that (I) saw the decease above, (I) (we) (d	d alive an_	51	51	6/6	d that in (my) (aur	of 6	, toth occurred on th	ne date and hour		that (I) <u>(we)</u> last causes stated
	226. SIGNATUR	Va	C V	lau	C M			MEDICAL DIRECTOR PH	STAFF	27c. DAIS	SIGNED
	274. PHYSICIAN'S NA	AME TYPE OR I	PRINT	RA	1//	270 ADDRESS					
	BURIAL, CREMATION, ISPECIFY) Burial		236. DATE 5/9/8		23c NAME OF S Cedar H	EMETERY OR CREA		Anne	Arundel	CON NY	st 1Md

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR

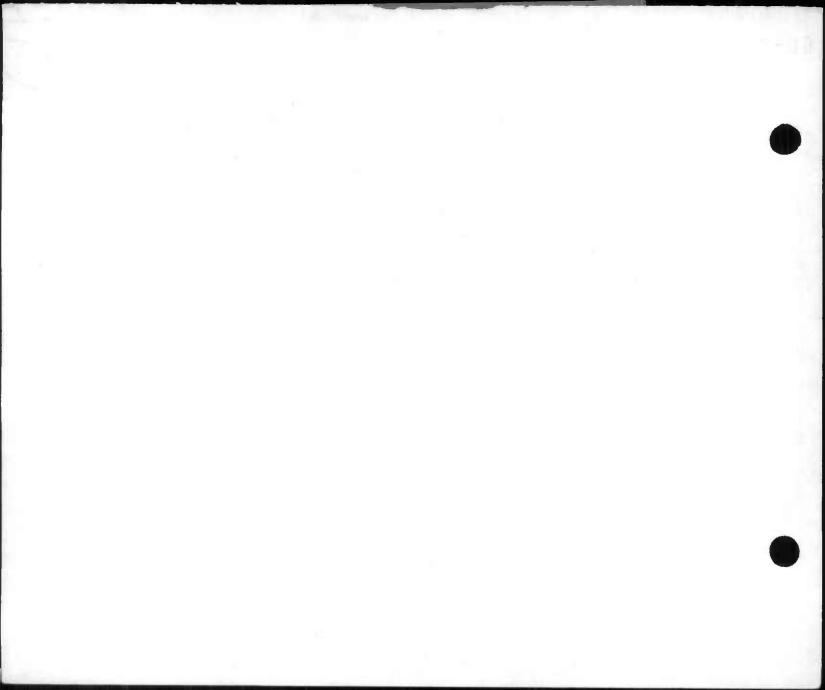
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbon popers. Pagei with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

injury, ar other traumatic event, th

MPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR March Funeral Home West 4300°Wabash Avenue

250. DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE MAY



	FOR STATE REGISTRAR	ľ	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH								
7	DECEASED NAME FOR PRIZE LEAD	IRST MIDDLE	VAFFE	2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 85						
10	SEX FEMAI	E CAUC	5. DATE OF BIRTH FEB. 2, DAY 1911	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2-MONTHS DATS HOURS						
B2 70	BIRTHPLACE (STATE OR FORE COUNTRY) MARYLAND	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE C							
Po 10	CITY OR TOWN OF DEATH BALT IMORE	1). NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, OF SINAI	, NURSING HOME OR OTHER INSTITUTION THE STREET ADDRESS! HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORKEOR MOST OF WORK) HOUSEWIFE							
13		HOME OR OTHER INSTITUTION, GIVE RESIDE COUNTY BALTO. BA	ORTOWN 13d INSIDECITY LIMIT YES X NO	15? 13. STREET ADDRESS ZIP 1	APT. 101 S. AVE. 21208						
exomine (x)	FATHER'S NAME HARRY	MIDDLE	SEL 15. MOTHER'S MAIDE	NNA	UNKNOW						
o lea	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) NO	EVES GIVE WAR OR DATES!	109-1735 7301 PA	IRVIN JAFÆÐERESSÁP RK HTS. AVE. BAL	T. 101 TO.,MD 2120						
to buriol, cremotion, or injury, or other troumot	Conditions, if ony, w gave rise to immed cause (o), stating underlying couse	tiche the ast. (c)	ING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	acute 2925 +						
8 shows any injur	19a DATE OF OPERATIO	N 196 CONDITION FOR	RWHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO						
		SE OF DEATH HOUR A.M. MON	NTH DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM	w 18 PART I OR PART ?)						
orked or Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME STREET, FACTOR		CITY OR TOWN	COUNTY ST						
ite Dept. of Healt	22a L certify that (1) the saw the decease above, if it is considered. 22b. SIGNATURE	s hospital) attended the decease live on S-Or- did not) view the body after dear	th. 19_86_, and that in (my) (bur) op DEGRE ATTENDI		22c. DATE SIGNED						
APORTANI	Control of the Contro	Gerald (22e. ADDRESS		ed Bacto						
2	a. BURIAL, CREMATION, REA	MAY 2,1986	236 NAME OF CEMETERY OR CREMAT BNAI ISRAEL	ORY 23d LOCATION BALL TO MORE	MARYLAND STA						

250 DATE PEC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

SOL LEVINSON & BROS., INC.

BALTO., MD

21215

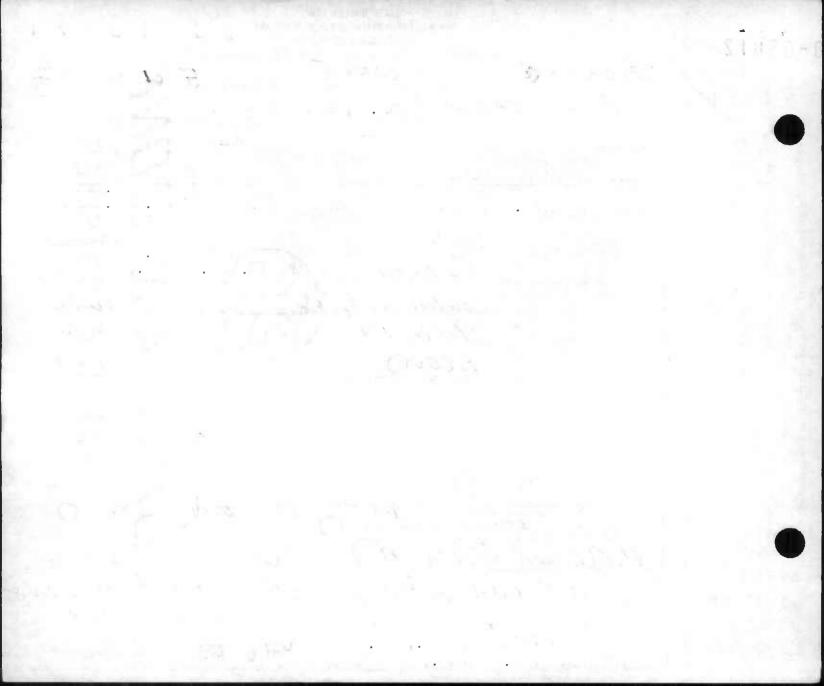
STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD.

BP.



FOR - STATE

STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6	1	3	1	1	4
	REG. NO.					

0.00	<u> </u>	REGISTRAR				REG. NO.	
2.3		ECEASED NAME FIRST	MIDDLE	- 1	LAST	20 DATE OF DEATH MONTH	DAY PEAR 26. HOUR
eo de		FRI	EDERICK	JAME	S, Jr.	(1) 20	00 101
safter death	3 S	X	4. RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
El Company	4	Male	White		h 27, 1895	91 YRS	
P P P	70.1	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.	- [] NEVED IDNES []	9. BALTIMORE CITY OR COUN	ITY OF DEATH
un 72	1	Maryland	U.S.A.	WIDOWE		15a/t.	City M
the for d with	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b KIND OF BUSINESS OF SLIFE) INDUSTRY
filed tiled		Baltimore	Good Samarit	an Hosp	ital	Sheet Metal	, , , , , , , , , , , , , , , , , , , ,
d be		JAL RESIDENCE (IF NURSING HOME STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE OF UNITY 130. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CC	DDE
The part of	1	Maryland	Balti	more	YES XX NO	5315 Todd Aver	nue 21206
etet)	14. F	ATHER'S NAME	MIDDLE LAST	7	15. MOTHER'S MAIDEN NA	WE	LAST
To War	3	Frederick	Jam		Catherine		Noon
s io	160	WAS DECEASED EVER IN U.S. A		SECURITY NO.	17. INFORMANT	ADDRESS	
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The state of		18. CAUSE OF DEATH (Enter	anly one cause per live for (a), (b	ol, and ici.i	1-1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the one		PART 1. DEATH WAS CAUS	ATE CAUSE (a)	50.1	Treo / 10	ardiac Arve	81
Bana	4			POLIENCE OF			
arion, or traumatic		Conditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF			
		gave rise to immediate	(b)				
e recreements	-	cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	EQUENCE OF			
ed by the lease re- ial, creit ar ather	4	onderlying coose lost	((c)				
signer hen pl a buri jury, o	-	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (GIVEN IN PART TIO
The The	CATION					/	
bering price	73	190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
has ene aws	一個					YES NO	YES NO
ansing shall	CERTIF	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM)	IS PART I ORPART 2)
High Market		OR CONTRIBUTING CAUSE OF D		7 0	and i		
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this he by nd M	Med	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OF	FFICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
os t th o		AT WORK AT WORK			- 0.4	- las	1
S Heal	112		pital) attended the deceased fr		19 87		_, 19, that (I) (we) los
2 4 5		saw the deceased alive a	nat) view the body after death.	19_00_,0	nd that in (my) (aur) apinian (death accurred on the date and h	nour and from the causes stated
REC ned spt.		22b. SIGNATURE	1 1 11	,	DEGREE		221. DATE SIGNED
tack tack		14	row / The	s Mas	ATTENDING	MEDICAL STAFF	17286
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TO FUNERAL Shauld be det with the State	П	Robert	Asiao		56011n	cla Parcen Ala	rel.
5 4 3 X	230	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	-
p		Burial		Loudon	Park Cemetery	Baltimore C	ity, Maryland
100	24	FUNERAL DIRECTOR	1-1-1-1			E REC'D. BY REGISTRAR 25b. REG	
1 - 16 60M 7/B4	1"		ck, Inc. Baltin	RESS ROTO Mo		1 29 1986 June	Davidon-Handaire
(VRA 15, 4)		neonard o. Mu	or's THE. DAT OTH	TOT 6 DIE	TATALIA I	TO BUUL	

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moy be the poge 3 ofter death	(DECEASED NAME FIRST FREST GEN Male	$\mathcal{S}_{\text{aace}}$ \mathcal{S} hite	JAY 5 DATE OF MONTH	neo	MAY 6. AGE (IN YEARS LAST BIRTHOAY)	AT YEAR 26 HOUR 1 MM IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
thread fire	2		USA 1. NAME OF HOSPITAL, NURS	MARRIED WIDOWED	NEVER MARRIED DIVORCED X	9 BALTIMORE CITY OR COUNTY OF BALTIMORE CITY 120 USUAL OCCUPATION	MD.
24 hours off	25	BALTIMORE SUAL RESIDENCE (IF NURSING HOLDING STATE Maryland	VA MEDICAL CENTER INSULTING THE STREET OF TH	TER BAL		CTYPE OF WORK FOR MOST OF WORKING LIFE Security Guard 13e STREET ADDRESS / ZIP CODE 4504 Ritchie Hi	Detective Agen
d completely	20	FATHER'S NAME FIRST William WAS DECEASED EVER IN U.S. ARM	James LED FORCES? 166 SOCIAL SEC		5 MOTHER'S MAIDEN NAME Ethel 7 INFORMANT		Conners
all transfer by an	1	Yes WW 18 CAUSE OF DEATH IEnter only PART I. DEATH WAS CAUSED IMMEDIATE	BY	and Ic	Ronnie L. Jar	nes, Sr., 160 N.W	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the utilities of the		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO (b) RENA DUE TO, OR AS A CONSEO	L FA	icune.	J- UA 198	40
been signed min Then ple price to buring	100		DNDITIONS CONTRIBUTING TO				WERE FINDINGS USED
CM. The loving the second of t		00 0000	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURR	YES NO YES	
or offerdar After Here of the offhore of the ore of the	1	AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR LOWN	COUNTY STATE
hospital biRECTOR: ched for us Dept. of He Item 21 is		220.1 certify that (1) (this hospite saw the deceased alive an above, (1) (we) (did) (did nat) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR	5/19 view the bady after death. Behrens	and, and	that in (my) (our) opinian c	death occurred on the date and haus MEDICAL STAFF DIRECTOR PHYSICIAN	7
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State IMPORTANT; if	23	BURIAL, CREMATION, REMOVAL	T Behren	NAME OF CE	LOCA RA	tuen VA Hos	pital
BP		Burial	May 21,86 C	rownsvi	11e Vet. Cem	. Crownsville	AA MD

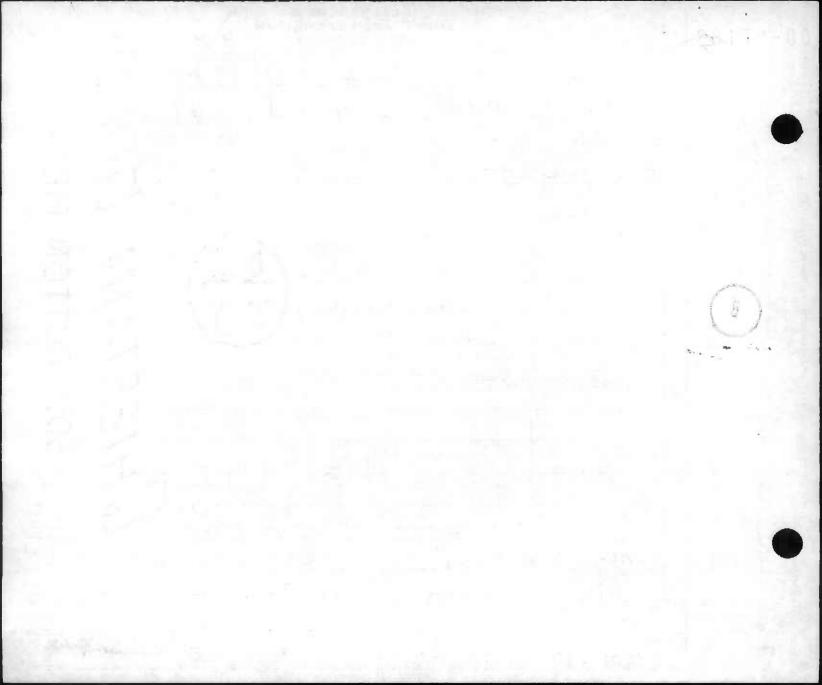
DHMH - 16 60M 7/84 (VRA 15, 4)

²⁴ FUNERAL DIRECTOR

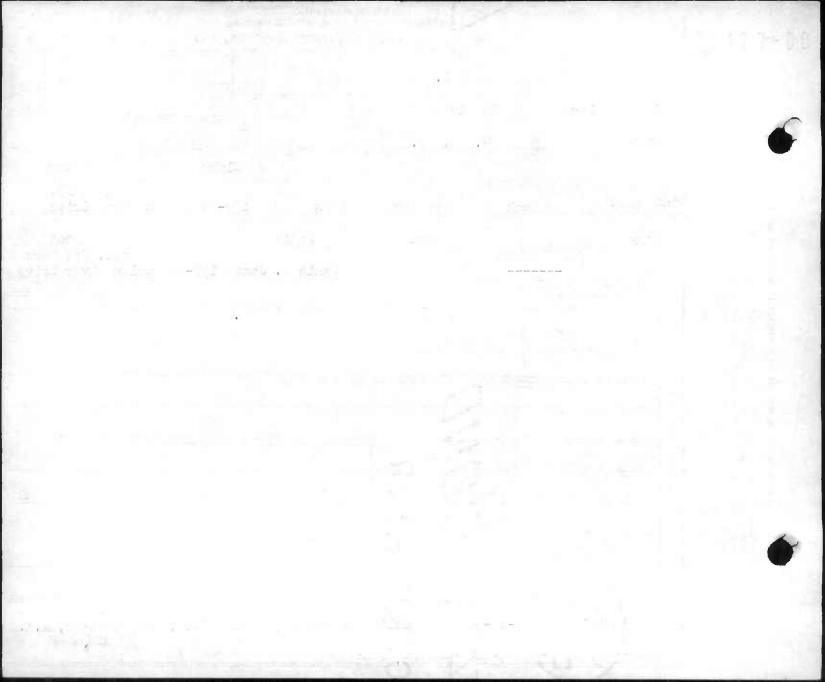
NAME

James S. Kirkley, Glen Burnie, MD

MAY 2.1 1986



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00-	061917	1 05	REGISTRAR CEASED NAME	FIRST	MEL	MIDDLE	AFK, 2 C	LAST LAST		REG. IN		-	,	1
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	OR. OR. URS URS			HOWARD		L.		AMES		TH MATED [□ 5	7 19		N
	SEC	3. SE)	4. RAC	E	5. DATE OF BIRTH	6 AGE (IN Y		DER 1 YR. IF UNDER		ATE DUNCED	MONTH	DAY	YEAR 2d	HOUR
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-	RAIL Y ALL		RTHPLACE (STATE OR REIGN COUNTRY)		76. CITIZEN OF WH	IAT COUNTRY?	8 MARR	IED NEVER MARK	RIED X	TIMORE CITY	OR COUN	TY OF DEA	TH	
1	AND	Ne	w York		U.	S. A.	WIDOW	ED DIVOR	CED Bal	timore	City			MD
	る市品品	10. CI	TY OR TOWN OF DE	HIA		PITAL, NURSING HOA		IER INSTITUTION	12a. USUAL OC	CUPATION (TY	PE OF WORK	US KIND (DE BUSIN	ESS
	A E A E A		Baltimore	-/-		0 W. North			Clerk	WORKING LIFE)		Gro	ery	_
=	4. IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGES FOR YOUR FILES. 2. SHOULD BE FILED, WITHIN 72 HOURS ALRECORDS, 201 W. PRESTON STREET,	USUA 13a S		IRSING HOME OR	OTHER INSTITUTION, GIV	13c. CITY OR TOWN	SION)	13d. INSIDE CITY LIMITS?	13e. STREET ADI	DDECC		990	339	1
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Å.	GESTA. IF GESTA. 2, RM PM 3. CAND 2 SE OF WEAL		THER'S NAME					15. MOTHER'S MAID			110 B.S.d. Y			
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BALTIMORE, MD.	S AFTE GIVE P ITH FO PAGES	(4	S, NO, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)			Janie S.	James 15	10_64 H	moles	Pivo:	n Tor	LIC
, B.	URS AF WITH I WITH I DIVISION			H (Enter only	ane cause per line	far (a), (b), and (c).)		Todite D.	James I	3-04 116	TTCIII	APPRO	XIMATE INT	TERVAL
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ō	文本を言ると		INDERIVING X	OP		MONTH DAY YEA	AR			HAJORT HATTEN TO	UTANT TONTA	11(12)		
S		MEDICAL	CONTRIBUTING		71e PLACE C			bject shot	•					
2		ME		WHILE D	STREET, FACT	ORY, FARM, ETC.)		STREET		RTOWN	co	YTHU		STATE
	ISSET.			ORK	mot	el	11	0 W. North	Ave., B	alto.				MD
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	5 X Y S F X -	23a.B	URIAL, CREMATION,	REMOVAL 23	b. DATE	23c NAME OF C	EMETERY C	R CREMATORY	23d. LOCATIO	N	COU	INTY	STATE	
aga	CBP 9	1 "	Buria		5-14-86	Ferncl	iff C	emetery	Hartsd	ale. We		hester		Υ.
177	DHMH - 17	24 F	UNERAL DIRECTOR		ADDRESS				REC'D. BX REGIS	TRAR 256 REC		SIGNATURE		
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FOR STATE REGISTRAR		DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MEI CERTIFICATE OF DEA	TAL HYGIENE
ECEASED NAME	FIRST	MIDDLE	LAST	2- [

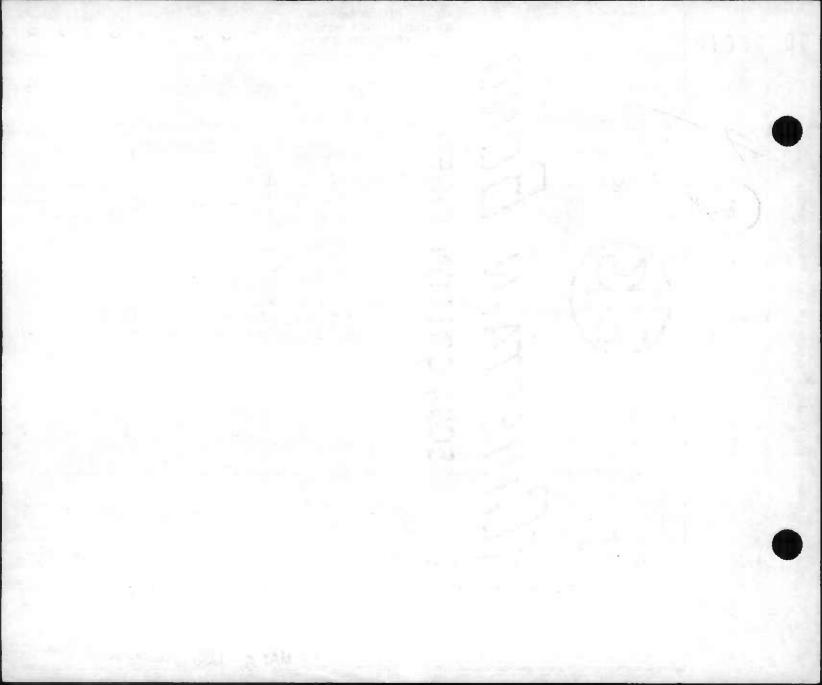
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	REG. NO.				

06018	FOR STATE REGISTRAR	D		CATE OF DEATH	YGIENE 8 6	13/15
0.00	1. DECEASED NAME	FIRST MIDDLE	1/	ST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
96.0		ESSE	JAME.	S	MAY 4, 1986	11:08p
G 3	1 SEX	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
B	Male	Black	MONTH 5	6 35	50 _{YRS}	MONTHS DAYS HOURS MIN.
270	OUNTRY)		JNTRY? 8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
71	Georgia	U.S.A.	WIDOWE	DIVORCED [ity MD
10	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
40	Baltimore	Maryland G	eneral Ho	spital	N/A	THE OSTAT
35	Maryland 13	HOME OR OTHER INSTITUTION, GIVE RESIDEN COUNTY 136 CITY O		13d. INSIDE CITY LIMITS	13ª STREET ADDRESS / ZIP CO	DDE ICe 21217
4	14. FATHER'S NAME	WIDDLE	AST	15. MOTHER'S MAIDEN	NAME	LAST
00	Shelton	Jame		Emma		James
dico	160 WAS DECEASED EVER IN	IF YES GIVE WAR OR DATES)		17 INFORMANT	ADDRESS	
1/	NO	216-	30-8275	Geraldine	James 316 E. Lafa	yette Avenue
oal, cremats or ather tro	underlying cause	iote the last. DUE TO, OR AS A COI	NSEQUENCE OF		mic infarc, right	
allow.	PART 2 OTHER SIGNIF	CANT CONDITIONS <u>CONTRIBUTI</u>	NG TO DEATH BUT P	NOT RELATED TO THE TE	rminal disease or condition g	GIVEN IN PART 110
ane produced of	190 DATE OF OPERATIO	N 196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	IN CERT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
E /	210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU!	SE OF DEATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM II	8 PART : OR PART ?}
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	CAT HOME SIDEET SACTORY	OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
iff hem 23 is mo		is hospital) attended the deceased alive an May 4, (KKXI) Yew the body after death	_19 <u>_86_</u> , and	that in XX (our) opinion	on death occurred on the date and ha	19_86_, that X (we) last our and from the causes stated
PORTANT	22d PHYSICIAN'S NAME Micha	(TYPEORPRINT) el Diamant, M.D.		PHYSICIAN 22e ADDRESS C/O Maryla	DIRECTOR PHYSICIAN And General Hospi	tal
3'	230. BURIAL, CREMATION, REA	10 / Q / Q 6		METERY OR CREMATOR	CITY OR TOWAL	COUNTY MAL STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

March Funeral Homes 1101 East North Avenue

BY REGISTRAR 236 REGISTRAR'S SIGNATURE



-55	870		1 -	FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		REG. N		3 /	16
nay be	deoth			CEASED NAME FIRST MILD		MIDDLE		AME	2 a	DATE OF DEATH	5-2	- 86	26. HOUR 10-35PM
ge 4 mo	urs offer	3	SEX	F	1 RACE B		S. DATE C			AGE (IN YEARS LAST BIR	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
å jo	3	1	Sc	RTHPLACE (STATE OR FOREIGN OUNTRY) OUTH Carolina	U.S		WIDOWE			BALTIMORE CITY O	CITY,		MD.
s ofter by the	led wi	5	E	SALTIMORE	GOOD SAMARITIAN HOSPITAL COOK					YPE OF WORK FOR MOST C		126 KIND O INDUSTRY	F BUSINESS OR
in 24 hou	should be f	5	30. S	aryland 136. COUN	Baltimore YES 🖾 NO			13d. INSIDE CITY LIMIT YES \ NO \] 1	STREET ADDRESS	zip code ridge Ro	oad 2	1212
uted with	2 -E			THER'S NAME FIRST AS DECEASED EVER IN U.S. AR	MIDDLE -	LAST	IDITY NIO	Leona 17 INFORMANT	NAME	MIDDLE		James	1
be exec	rs. Poge		()	es, no or unknown) (IF YES, GIV	/E WAR OR DATES)	251-42-	-6249	Johanna Sc	olomo				
ertificate	banpape removal c event, tl			18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT								INSET AND DEATH	
hat the death o	olease remave carb rial, cremation, ar r ar ather traumatic			Canditions, if any, which gove rise to immediate cause (a), stoting the underlying couse lost.	(b)_	R AS A CONSEQUER AS A CONSEQUER	now	Demen	nties	Alzlin	ners hy	H =	
equires t	Then property.		NO.	PART 2 OTHER SIGNIFICANT (ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINA	AL DISEASE OR CON	DITION GIVEN	IN PART 110	
The low rion.	Hygiene prior	1	RTIFIC	190 DATE OF OPERATION	MALE	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFY IN YES [NG CAUSES	IGS USED OF DEATH? NO
SICIAN: ng physic certificate	entol-t			210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH D M.	AY YEAR	21c HOW INJURY OC	CCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
NG PHY	as the bu th and M orked ar	1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY PEET FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET		CITY OF TO)WN	COUNTY	STATE
ATTENDI ospital or CTOR: A	d for use 1. of Heol n 21 is m			22a. I certify that (I) (this haspi sow the deceased alive an abave, (I) (we) (did) (did no	57	19_		that in (my) (aur) api	ornion deal	th occurred on the d	ate and have a	nd fram the	
by the ho	2 0		H	22b. SIGNATURE	43	www.			AN' VD	MEDICAL STA	CIAN	1/21	SIGNED .
O HOSPITAL eroined by th				220. PHYSICIAN'S NAME (TYPE OF S. SRINIV	B			PRALTIC	mo R		21230	7	
BP_			(URIAL, CREMATION, REMOVAL SPBURIAL	23b. DATE 5/8/			emetery or cremato morial Park	k	Randa 1		OUNTY	Md. STATE
	6 60M 7/B4			neral director nch Funeral Hom	es 1101	East No	rth AV		a. DATE RE	7 1986	Stella D	-1	Prodesta
Albert .	Some												

0 -	0 7 1	9 0 8
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital an ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed on the plant of the pla

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

24 NOFTHERE CORSONS FUNERAL HOME, INC. 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

8	6 REG. NO.	1	3	1	7	
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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR			DEPART		EALTH AND ME		IENE 8 6	NO.	3 /	1	1
1	I. DECEASED NAME	FIRST	N	NIDDLE	L	AST		2a DATE OF DEATH	MONTH DAT	TEAR	26 HOUR	12
I		BESSIE			JEF	FERSON			524	56	3:40	M
1	3. SEX		RACE		5. DATE O	F BIRTH		6. AGE (IN YEARS LAST B	IRTHDAY)	NORWY YEAR.	# UNDER 3	11185
1	FEM	IALE	BLA	ACK	MONTH 3	26	333	5	3 yrs.	tino tiars	HOURS	-
1	78. BIRTHPLACE (STATE OF	R FOREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8	NEVER MA	PRIED V	9 BALTIMORE CITY	OR COUNTY OF	DEATH	-01	
d	MARYLAND	- 116	0	SA	WIDOWE		RCED	B	A Ctim	one	(ct	FMD.
	10. CITY OR TOWN OF DE	mone 11		OSPITAL, NURS IN HEACILITY, GIVE STREET		SINA	JTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST DOMESTIC	OF WORKING LIFE)	126 KIND OI INDUSTRY PART T	F BUSINES	5 OR
100	USUAL RESIDENCE (IF NUI 130. STATE	13b. COUNTY	ER INSTITUTION	13c. CITY OR TOW		ME	0 🗌		ZIP CODEBA	ALTIMO 2.12	RE, M	1D.
1	14 FATHER'S NAME HERSTMAN	MID	DLE	JEFFEI	DCOM	15 MOTHER'S M		ME MIDDLE		BRÓW	M	
M								ADD	DECE		IV	
30	16a WAS DECEASED EVE (YES, NO OR UNKNOWN) NO •	(IF YES, GIVE W		217-24-1	1	Ms. DEBI			HLER AVE		2121	15
		mmediote ting the se last.	(c)	AS A CONSEQU		NOT RELATED TO	O THE TERM	INAL DISEASE OR CO	NDITION GIVEN	IN PART 110	n S	
-	19a. DATE/OF OPER	entrance of	19b CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORA	AED	20a AUTOPSY?	206. IF YES, WIN CERTIFYIN			
7		CAUSE OF DEATH	21b. TIME O HOUR A.I	M. MONTH D	AY YEAR	21c. HOW INJU	RY OCCURR	RED (ENTER NATURE OF IN.	JURY IN ITEM 18 PART	I OR PART 2)		
	FEITHER NOTIFY ME 21d. INJURY OCCU WHILE NOT NAT WORK	WHILE ORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET		CITY OR	TOWN	COUNTY	STA	ATF
	27a. certify that (saw the dece obave ([]) we) 27b. SIGNATURE 22d. PHYSICIAN'S I	ased alive an	Cold:	19_	86,01	DEGREE ATT PH 22e ADDRESS	ENDING YSICIAN	DIRECTOR PHYS	AFF ICIAN (1)			
	GOL	WITTIN)			5	NAI		1/1 -			
	230. BURIAL, CREMATION		23b. DATE 5/30/			MEMOR IA		23d LOCATION CITY OR TOWN	BAL TIM	OUNTY M	IARYI	ÂND

DHMH - 16 50M 4/83 (VRA 15, 4)

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18331	1-	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	0 0	0.
40001		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
1 76	(TYPE	OR PRINT)	F.	JEFFERSON		5 29 86 M
Apu d	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER TYEAR IF UNDER 24 HRS
de la		Female	Black	11 19 2	65	YRS. DATS HOURS MIN.
ment of an oral oral oral oral oral oral oral oral	70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED XX DIVORCED	Baltimor	R COUNTY OF DEATH
100	. 1	Baltimore	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION		F WORKING LIFET INDUSTRY
()	130 5	AL RESIDENCE HE NURSING HOME O TATE 136 COU		ADMISSION) 13d INSIDECITY LIMI VES NO	402 Swann	Ave. Apt. C 21209
1100	F	THER'S NAME FIRST	MIDDLE MC DOW	ell A-a	MIDDLE	Gee
be execu-		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GI	rmed forces? ve war or dates) 250-14-7	080 Carlyn P	author 802	N. Augusta an
physics physics properties of prest, the		PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b); and ED BY TE CAUSE (a) OVACIAR			BETWEEN ONSET AND DEATH 2 MONTHS
ned by the attend please remaining unal, or attent)	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO CO	NCE OF	F TERMINAL DISEASE OR CON	DITION GIVEN IN PART LIB
Then or to b	NO	Ch	conc renal To	Gilure		
he low ian. has be if permi	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	206 AUTOPSY? YES NO	120b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
in physic og physic certificate riol-trans entol Hyg tem, 18 st		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR	OCCURRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)
attending ter this of the bull would make and maked and	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FA	21f LOCATION STREET	CITY OR TO	wn COUNTY STATE
spital ar CTOR. Ai Ifor use af Healt			ital) attended the deceased from		pinion death occurred an the do	19 tho (1) we) last ote and hour and from the causes stated
by the hoby the hoby the hope edetoched State Dept		226 SIGNATURE COROL	B. Smile	DEGREE ATTENDE	MEDICAL STAF	
etoined by a TO FUNERAL should be de with the State		Gary R. Brief		4940 East	cern Avenue, Ba	altimore, MD 21224
BP	(SPECIFY) FULL OF THE SPECIFY FULL OF THE SPECI	236 DATE 236 N	estlawn Mau	s. Balt	on county madate.
DHMH · 16 60M 7/B4 (VRA 15, 4)	24 FL	POW - TIDA	19130RESS	W. Balto. 25	JUN 3 1986	25) REGISTRAR'S SIGNATURE

STATE OF MARYLAND

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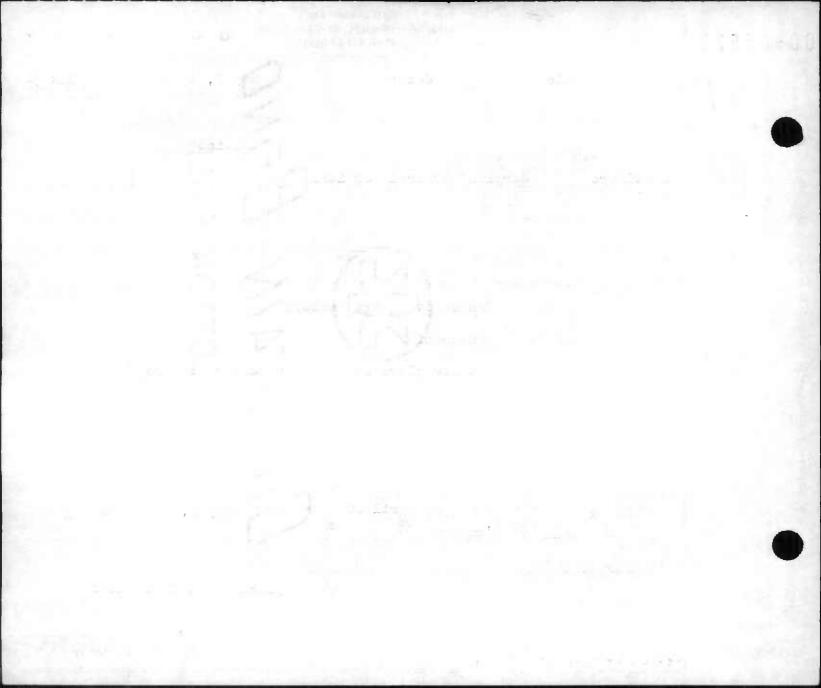
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-05528	1	FOR - STATE		DEPARTA	MENT OF HE	OF MARYLA ALTH AND A CATE OF D	MENTAL HYG	IENE 8 6	-	3 /	7 9
03320	1 DE	REGISTRAR CEASED NAME FIRST		MIDDLE	CERTIFI		EAIN	REG. N	O. MONTH DA	Y YEAR	D 110110
e 6 =		OR PRINT)				31				TEAN.	2b HOUR
ay b	1 SE	Annie	14 RACE	Je	ter	DIDTH		May 2, 19		UNDER I YEAR	11:55k
ge 4 m	36	F		В	3. DATE OF	15	02	84		INTHS DAYS	HOURS MIN.
ooth. Po	70 B	RTHPLACE (STATE OR FOREIGN COUNTRY) S.C.	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER A	MARRIED	Baltimore City C	_	OF DEATH	MD
ofter d		Baltimore	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET	IG HOME OF	OTHER INST	ITUTION	12a USUAL OCCUPAT	ION		F BUSINESS OR
suna suna	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			N/A			
in 24 h		MARYLAND 136 COU	INTY	13c. CITY OR TOW BALTIM	ORE		NO 🗌	13e STREET ADDRESS		ST. 2	1218
d 2 d	14. F.	ATHER'S NAME	WIDDLE	t AST			FIRST	WE		LAST	ı
d w d d		Andy		Tribbl		Bet				Gran	t
execu ond o		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES G	RMED FORCES? IVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADDRI	:SS		
re be execicion and ers. Page		no		247342	864	Lor	nella	Mathis 16	08 Ca	ldwel	1 st
The low requires that the death cuician. Its has been signed by the attendin asit permit. Then please remove carb giene prior to burial, cremation, ar shows any injury, or ather traumatic	MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1ra 19e DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO YES									
og physici ocertificate riral-transi ltem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME O	OF INJURY M. MONTH DA	AY YEAR	21c. HOW IN.	JURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IB PAR	T I OR PART 2)	
ING PHYSICIAN: The Is a catending physician. After this certificate has as the burial-transit per lith and Mental Hygiene ith and Mental Hygiene land as them 18 shows		(IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P 21e. PLACE	.M. OF INJURY REET FACTORY OFFICE F	ARM ETC)	211. LOCATIC STREET	O /	CITY OR TO	WN	COUNTY	STATE
TTEND pital a TOR: / far use of Hea of Hea 21 is m		22a.1 certify that 20 (this hasp saw the deceased able o abave, (Niwe) (did 112)	n May 2	he deceased fram	86 , and	that in (m)	(aur) apinian	death accurred on the d			that XI (we) last causes stated
ITAL OR ATTEN by the haspital SRAL DIRECTOR. e detached for ur State Dept. of He		22b. SIGNATURE	4	differ death	//	PO A F		MEDICAL STA DIRECTOR PHYSIC	FF	22c. DATES	SIGNED
TO HOSPITAL of the control of the co		Jonathan	N 1/	ushner				land Gener	al Hos	pital	
BP		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	23b. DATE			METERY OR C	REMATORY NATION			COUNTY	Mā.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR WMARCH F	H INC	. 1101 I	E.NOR'	TH AV	25a. DAT	AY 5 1986	25b. REGISTR	R'S SIGNATI	Fandelle



2 1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	13/8	
5 1.1	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR	
	PRED OR PRINTED FIRST	Jete	r	5/13/86 9:		
3.:	M M	4 RACE B	5 DATE OF BIRTH MONTH 1967	6. AGE (IN YEARS LAST BIRTHDAY) 78 YRS.	IF UNDER 1 YEAR IF UNDER 24 HR	
7 70.	BIRTHPLACE I STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT		
	CITY OR TOWN OF DEATH Balto.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 2031 Harl	G HOME OR OTHER INSTITUTION ADDRESS! em Avenue	120 USUAL OCCUPATION (TYPE OF WORK, FOR MOST OF WORKING	LIFE) 126. KIND OF BUSINESS OF INDUSTRY	
3 13	SUAL RESIDENCE (IF NURSING HOME OR I. STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13: STREET ADDRESS / ZIP COI 2931 Harlem	DE 2/2/	
00	FATHER'S NAME FIRST Lawrence	MIDDLE LAST	15 MOTHER'S MAIDEN NA MERST A T T T T T T T T T T T T	ME	Jeter	
1 160	WAS DECEASED EVER IN U.S. AR {YES, NO OR UNKNOWN} (IF YES GIV		RITY NO. 17 INFORMANT	ADDRESS Sey 3306 Pow	hatan Ave.	
8 stors any injur			DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED	
	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR		YES NO	
91	OR CONTRIBUTING CAUSE OF DEA		19			
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	271 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
	22a I certify that (I) (this haspi saw the deceased alive on abave, (I) (we) (did) (did na	, 19, that (I: (we) la				
	22b. SIGNATURE	220. DATE SIGNED				
1	228. PHYSICIAN'S NAME (TYPE O		22° ADDRESS 3455 WILKEN	IS AVE I.I.5 BAIJ	TIMORE MD 212	
236	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 23c N	ame of cemetery or crematory	23d. LOCATION CUY OR TOWN	COUNTY STATE	
/0.4	FUNERAL DIRECTOR	n & Sons 1701	25a DA	TE REC'D. BY REGISTRAR 256 REGIS	DE ALEXANDER	

(VRA 15, 4)

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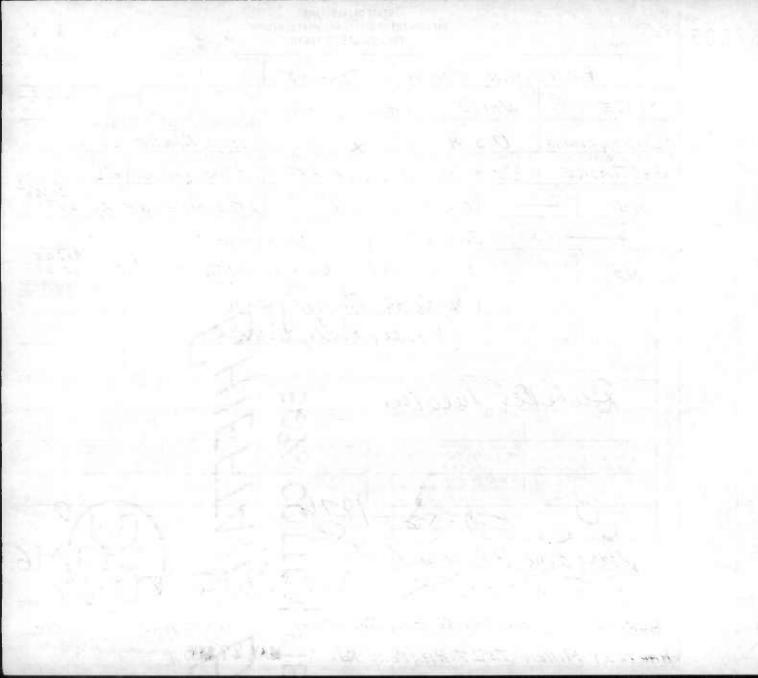


23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL HOLY REDEEMER DHMH - 16 50M 4/82 HARTLEY MILLER 7527 HARTORD Rd. (VRA 15, 4)

23d. LOCATION

BAITIMORE

Grana Dayston - 9

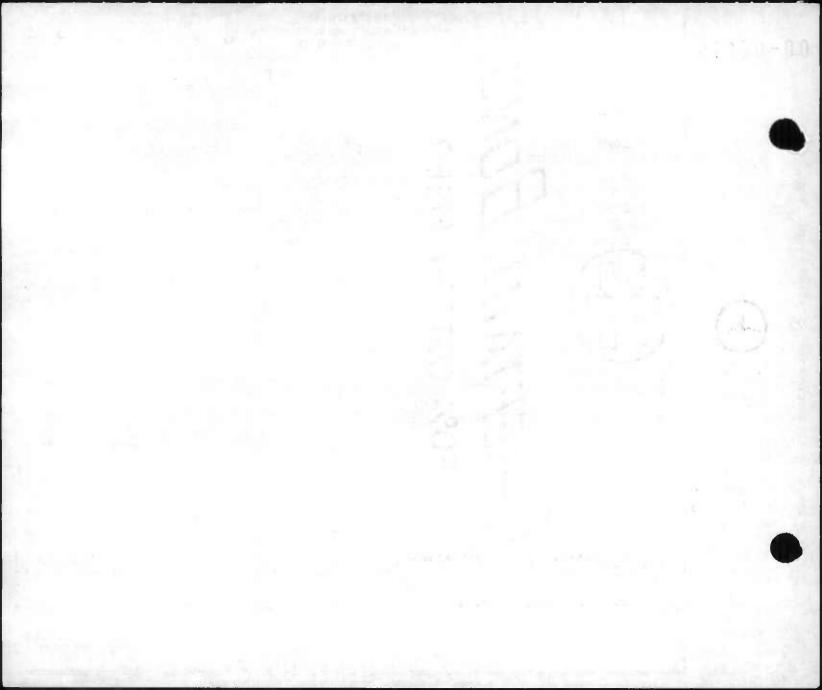


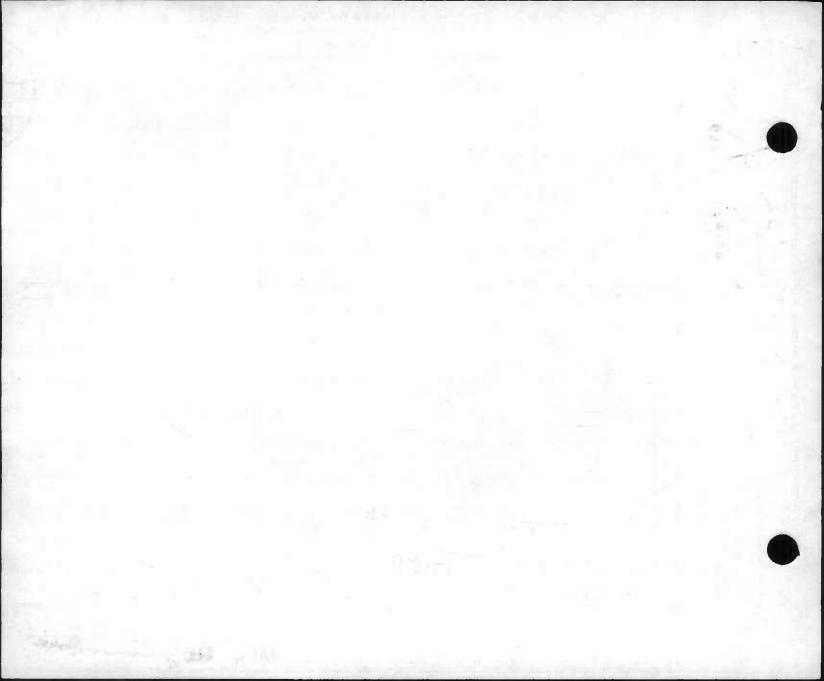
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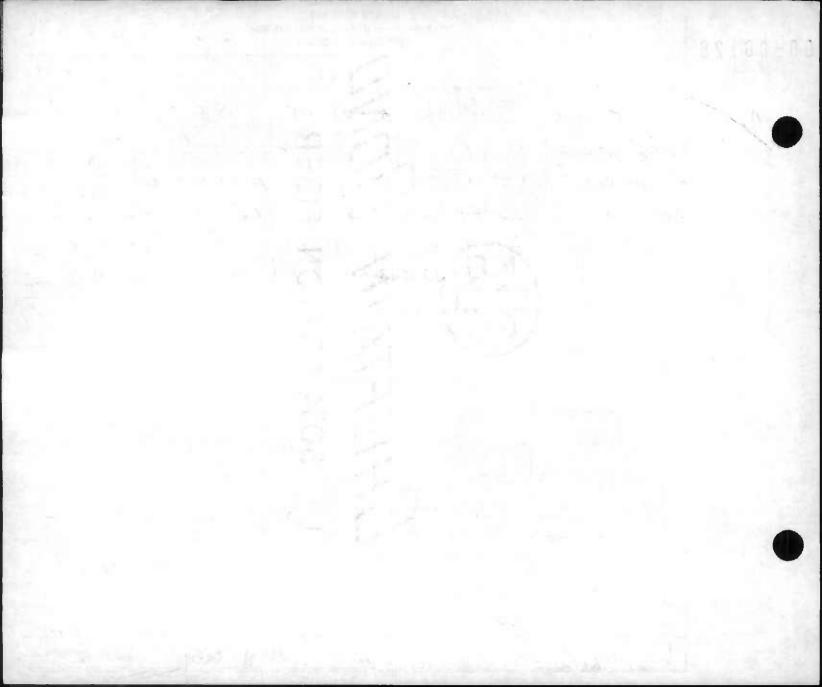
STATE OF MARYLAND

1	STATE REGISTRAR		DEPARTN		FICATE OF DEATH	REG. N	10.	3 /	8 6
	CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
				J	ohnson	May 12,	1986		6:30P
3. SE		4 RACE	40000		OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY]	FUNDER I YEAR	IF UNDER 24 HRS
1	Female	Blac	k	Ma			YRS	UNIHS DATS	HOURS MIN
7o. 8		76. CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY	OR COUNTY	OF DEATH	1 3 123
	Maryland	US	SA .	WIDOWI	D NEVER MARRIED A	Baltimo	re Citi	7	TAA
JAC.	ITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUC	H FACILITY, GIVE STREET	G HOME (or other institution al Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	ION	12b. KIND C	OF BUSINESS OF
USU 13a.	AL RESIDENCE (IF NURS STORE) STATE Maryland	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimor	N	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 1319 Etti	/ ZIP CODE	eet	21217
2	Winwood	MIDDLE	Curry		15 MOTHER'S MAIDEN NAM	ME MIDDLE Lyne	tte	LAS	
16a \	WAS DECEASED EVER IN U.S. ARI	MED FORCES? E WAR OR DATES)	16b. SOCIAL SECUI	RITY NO.	Medical Red Maryland Ger	ADDR Cords Depar Deral Hospi	tment	27 Tir	2120
CERTIFICATION	PART 2 OTHER SIGNIFICANT C				NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b IF YES,	N IN PART TO WERE FINDIN	NGS USED
E7.18						YES NOXX	YES		NO 🗌
MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	TH HOUR A	m. month da m.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT OR PART 2)	
MED	21d. INJURY OCCURRED NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	220.1 certify that (b) (this haspit saw the deceased alive an abave, b) (wa) (did) (did no)	Mau 1:	2 19	86	DEGREE	Conces or	ate and haur		-
	Mario R. Gon		1 0	0	PHYSICIAN 2220 ADDRESS	DIRECTOR PHYSIC	CIAN	13/8	8/86
	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b. DATE 5-29	23¢ N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
24 F	uneral director Anatom	y Boar	d ADDRESS B	alto	., Md.JUN ()	E REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE





-06126		FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	L HYGIENE 8 6 1 3 / 8 4
et a may be et a may be et a may be a m		CEASED NAME PIRST	ACE Block 5. DATE OF BIRTH MONTH DAY YEAR 5. DATE OF BIRTH MONTH DAY YEAR 6 23 - 43	
after of the Page		TOWN OF DEATH	MARRIED NEVER MARRIED NEVER MARRIED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH MARRIET), GIVE STREET ADDRESS)	9 BALTIMORE CITY OR COUNTY OF DEATH MD. 120 USU'AL OCCUPATION (Type pr work for most of yorking life) INDUSTRY
control 24 hours of 25 hours o	m	AL RESIDENCE IN HUR ING HOME OR OTHER TATE THEY'S NAME	13d INSIDE CITY LIMI YES NO [15. MOTHER'S MAIDE	1517W. Mulberry SI.
be executed an and comp	160.3	DAUIL VAS DECEASED EVER IN U.S. ARMED 18 1900 (WHICHMI) 18 18 GM WAR	FORCES THE SOCIAL SECURITY NO. 17 INFORMANT TO BELLEN 214 20 30 23 Mrs. Rull	Dones 2711/Ashland Ave
equires that the decit certifications of the second certification is signed by the office and physher please remove carbon car to burial, cremotiation committees injury, or other traumatic remove.	NO	Canditions, if any, which gave rise to immediate couse (0), stafing the underlying couse last.	The min a tom	acture
IN: The low re took for the took record has been const permit. Hygiene prior	CERTIFICATION		196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY 216 HOW INJURY OF	200 AUTOPSY? YES NO NO NO NOTIFIED NO NO NO NOTIFIED NO NO NO NOTIFIED NO NOTIFIED NO NOTIFIED NO NOTIFIED NOTIFIE
DING PHYSICIA or attending pl : After this certif se os the buriol-t solth and Mental marked ar trem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 2	P.M. 19 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET 21f LOCATION STREET	CITY OR TOWN COUNTY STATE State State That (I) lost of the course stated
by the hosp by the hosp ERAL DIREC e detoched f State Dept. o		above, (I) and (Idd) Hard view 226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE OF PRINT)	W the body ofter death. DEGREE ATTENDI PHYSICI 22e ADDRESS	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN D 221. DATE SIGNED
Pb- TO HOSI	23a.	SURIAL, CREMATION, REMOVAL 23H	CRUZ LUTHE 15-9-86 MT.ZION CE	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	DINERAL DIRECTOR DSEPH L. Russ	2222 Willow Th Aver 25	MAY 9 1986



0	0	-	06	67	8
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	(ING PHYSICIAN: The low requires that the definition to executed within 24 hours ofter death. Page 4 may be rettending physician.	After this certificate has been signed by the attending process and completely filled in by the funeral director, page 3 as the burial-transit permit. Then please remove completely flound 2 should be filed within 72 hours after death thoughout Hygiene prior to burial, criminalism or removal.	orked or frem, 18 the secon injury, or other traumotic seem, the medical examiner may be netrified aspared

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

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3	1	O	-
9	9	400	

1 - STATE REGISTRAR			HEALTH AND MENTAL HY	GIENE 8 0	1 3	1 8	3 5
I. DECEASED NAME FIRE	51	MIDDLE	LAST	2a. DATE OF DEATH	ONTH DAY	YEAR 2b	HOUR
CECI	ILIA	M. JOHI	NSON	4	30	86	M
3. SEX	4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDE		JNDER 24 HRS
Female	Black		13 16	70	YRS.	DAYS HOL	URS MIN.
70. BIRTHPLACE (STATE OR FOREIG	76. CITIZEN OF	WHAT COUNTRY? 8	HED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DE	ATH	1
N. Carolina	U.S				City		MD.
Balto.	(IF NOT IN SUC	HOSPITAL, NURSING HOME THEACILITY, GIVE STREET ADDRESS) Oruid Park		12g USUAL OCCUPATIO {TYPE OF WORK FOR MOST OF POMESTIC	WORKING LIFE) IND	KIND OF BUSTRY	
USUAL RESIDENCE (IF MURSING HO 13a. STATE 13b. 13b. 1	OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Balto.	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 727 Druid	2	1217	1
14. FATHER'S NAME FIRST	WIDDLE	LAST	Martha	AME		LAST	
16a. WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) UNKN.	S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO. 237-20-179		2417 ADDRES en Anderson	S Keywor Balto	rth A	
Conditions, if ony, whi gove rise to immedia couse (o), stating to underlying couse lo	te he DUE TO, O	Hypere RAS A CONSEQUENCE OF Diabe TE DIABETE			TION GIVEN IN F	PART Ito	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	19b. COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	CAUSES OF D	USED DEATH?
	OF DEATH HOUR A.	M. MONTH DAY YEAR	R	RRED (ENTER NATURE OF INJURY	IN ITEM IS PART I OR I		
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX. 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC [211 LOCATION STREET	CITY OR TOW	v (Ot	UNIY	STATE
22a. I certify that (I) (this sow the deceased all above, (I) (we) (did) (c	ve on	19	ond that in (my) (our) opinion	, to, to deoth occurred on the dote	e ond hour and fr		(1) (we) last es stoted
22b. SIGNATURE			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		c. DATE SIGN	1ED
22d. PHYSICIAN'S NAME	(TYPE OR PRINT) E Fe	men. MD	22e ADDRESS	General He	spiTal	Ba/	4.0
Burial Semanto REMO			CEMETERY OF CREMATORY on Forest	Ball to.	COUNT	TY I	Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, creminate the second process.

OR ATTENDING PHYSICIAN: The low

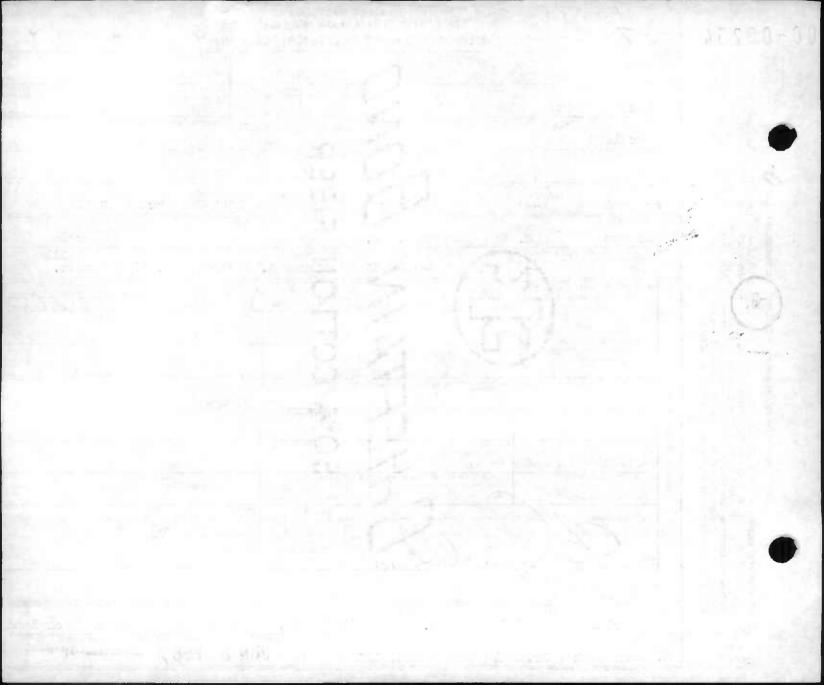
TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

IMPORTANT: If them 21 is morked or them 18 stro

24 FUNERAL DIRECTOR Wm. C. Brown Comm. F.H. 1206 W. North Ave

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

		or ten	1/84	of Para	DEPAR	STAT	E OF MA			EME		, not	, ,		,
0 - 0 8 2 5 4		REGISTRAR	86 C	NM	EDICAL	EXAMINI		RTIFIC		DEATH	O	NO.	1	Ö	0
		EASED NAME	FIRST		WIDDLE		LAS	ST		2a. DA	TE KNOWN	_	DAY	YEAR	76 HOUR
网络拉黎斯	(TIPE	OR PRINT)	Georg	ge	A		Jo	hnson	Jr.	DEA	F ESTI-	x 5	29	19 86	
PLEA ECTON FILE STREET	3. SEX	4 RA	CE	5 DATE OF BIRT		6 AGE (IN YEAL			UNDER 24 H		ATE	MONTH	DAY	YEAR	2d HOUR
F2252			White		6 62	23 YR	MOITING	DAYS H	HOURS MIN		OUNCED	5	30	1986	8:32
MITHIN PRESIDENT	7a BIF	RTHPLACE (STATE O	R	76. CITIZEN OF	WHAT COL	INTRY?	8. MARRIED	□ NEVE	R MARRIED	X 9. BAI	TIMORE CIT	Y OR COU	NTY OF D		
275		Maryland			USA		WIDOWED		DIVORCED		altimo	ore C	ity		MD
PAGE PAGE	Ba	Y OR TOWN OF D		(IF NOT IN SUCE	519 A	IURSING HOME, E STREET ADDRESS) Sh Stree	et	2121		FOR MOST OF	CUPATION WORKING LIFE)	(TYPE OF WORK	12b. KIN	ND OF BUSTR	SINESS Y
ANY D AND 3 AND 3 RECORD	13a ST	LRESIDENCE (IF IN I ATE Lryland	13b. COUN		13c. CT	ce before admission TY OR TOWN altimore	136	d. INSIDE CITY Yes 🔯	LIMITS? 13e	STREET ALL	DRESS Cox St	reet	212	11	
MA THE	14 FA	THER'S NAME		MIDDLE		LAST	15	MOTHER'	S MAIDEN N	NAME	WIDDLE			LAST	
A SSTAND		George		A.		nson, Sr		Von	nie					rtin	
PACE PACE	160. W	'AS DECEASED EVE S, NO OR UNKNOWN)		WAR OR DATES)		OCIAL SECURITY	100	. INFORMA		_ ,	ADDR			21211	
AND MAN		No		-	21.	4-90-855	02	Georg	e A. J	Johnso	n, Sr.	1302		St.	
201 W. P. P. P. DUTEDWITH CANDID TO PENOTE IN PENOTE EXAMINER PENOTE PEN		Conditions, if gove rise to couse (a) stati	IMMEDIAT any, which immediate ng the under-	DBY: TE CAUSE (o) DUE TO, (b)	OR AS A CO	DNSEQUENCE O		hado	ne)	IN	toxic	catio	V S	VEEN ONS ST	AND DEATH
RECORDS, 201 TO BE EXECUTED PENDING" IN PI MEDICAL EXA MEATH AND ME HEATH AND ME CREMATION, C	N C	PART 2 DTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEA	ATN BUT NOT RE	LATEO TO THE TERMIN	NAL DISEASE OR	CONDITION G	IVEN IN PART 1	Phi	us w				
L CA A HEAL	Ž	190. DATE OF OPE	RATION	196 CON	IDITION FO	R WHICH OPERA	ATION WAS	PERFORME	ED?	//			20 A	UTOPSY?	
VITAL RESHOULD OND "PE CHIEF A FE USED "TOF HE USIAL, O	TF.												Y	ES VX	NO 🗆
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " RDED TO THE CHIEF RES ANOULD BE USE RESPERTANT OF H OI PRIOR TO BURIAL	MEDICAL CERTIFICATION	210. EXTERNAL CA UNDERLYING CONTRIBUTING	OR	HOUR A	OF INJURY A.M. MONT P.M.	H DAY YEAR	21c HOW	/ INJURY O	CCURRED 1E	ENTER NATURE (OF INJURY IN ITEA	M 18 PART 1 OR I			
ZAAA≼ E	MEDI	214 INJURY OCCU WHILE OC AT WORK AT			E OF INJUR		21f LOCA			СПУС	R TOWN	c	OUNTY		STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORN TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		220. I certify the death resulted for ACTUAL SIGNATURE		al the regions of courts [],	Acciden	Suice	M.D.	Homicide TITLE (SPE	CIFY)	Indetermine	XAMINER		ied Mas	y 30, 1201	86
DA STAN	230 BL	IRIAL, CREMATION	REMOVAL 2		-	NAME OF CEM	ETERY OR C	REMATOR	Y 2	3d. LOCATIO	N	co	UNTY	STA	TE
07/84 BP/6		Burial		6/3/86	M	t. Zion	Unite					Carro		Mar	yland
DHMH - 17		NERAL DIRECTOR		ADDR	RESS			250	DATE REC	D. BY REGIS		EGISTRAR'S	SIGNATI	ure mand	مالايه
(VR A15 ME (5))	A.	Alan Se	itz, Ji	r. 3818	Rolan	d Ave. 2	51211		30	14 6	1986	1	- Same		



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DHMH - 16 60M 7/84

(VRA 15, 4)

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	FOR			0.50		E OF MARYLAND				a 4004	-	4	1
1.	STATE REGISTRAR			DEP		FICATE OF DEAT		0 0) G. NO.	1 3	1	8 /	
1. DE	CEASED NAME	FIRST	N	IDDLE		LAST		20. DATE OF DEAL		DAY 1	YEAR T	7b HOUR	_
(TYPE	OR PRINT)	HARRI	ETT	STE	ELE .	JOHNSON	- 1	6	12/	CI		71	44
3. SE.			RACE		5. DATE (AGE IMPERNAL	ST BATHOATS	FUNDER		# UNDER 72 HBS	<u>m</u>
	FEMALE		WHIT	re	JAI	v. 18,19	14	772	VI	MQN1HS.	Bars.	HOURS MAN	
	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF V	VHAT COUN	TRY? 8	D NEVER MARE	IED 🗆	BALTIMORE CIT	Y OR COU	NTY OF DEA	TH	- 17	
	Seorgia		U.S	Α.	WIDOWI			BALTI	MORE	CITY		N	AD.
10. C	ITY OR TOWN OF DEA	тн 11	I. NAME OF F	IOSPITAL, NL	JRSING HOME (OR OTHER INSTITUT	ION	120 USUAL OCCU				BUSINESSO	R
	ALTIMORE		LUTH	ERAN_	HOSPITA	ALSY FA	6	Secret		CH	AS.	CO.GO	VT
	AL RESIDENCE (IF NURSI	13b COUNT		13c. CITY OR		113d. INSIDE CITY L	IMITS?	13e STREET ADDRE	SS / ZIP C	ODE			
	Md.			Balto		YES 🔀 NO		4601 P	all	Mall	Rd.	2121	5
14. FA	THER'S NAME FIRST	MIC	DDLE	LAST		15. MOTHER'S MA	IDEN NAM	E MIDD	LE.		LAST		
_	harles			STE		France	S				STE		
	VAS DECEASED EVER	IN U.S. ARME L (IF YES, GIVE V			SECURITY NO.	17 INFORMANT						ivery	
	No			253-	12-005	y Juani	ta B	oarman	Roc.	k Poi		Md 20	68
CERTIFICATION	Conditions, if any, gove rise to imm couse (a), stotinu underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT	nediote g the lost HIFICANT CO	DUE TO, OR (c) NDITIONS CO	AS A CONS		Lesson NOT PELATED TO		NAL DISEASE OR C	20b. II	GIVEN IN PA	FINDING	GS USED OF DEATH?	=
RTIE						10. 1000 0.000		YES NO		YES 🗌		NO 🗆	1
	21a. ACCIDENT WAS UND		HOUR A.A	A. MONTH	DAY YEAR	ZICHOW INJURY	OCCURRE	D (ENTER NATURE OF	INJURY IN ITEA	A 18 PART I ORP	ART 2}		
MEDICAL	LIF EITHER NOTIFY MEDIC		P.A 21e. PŁACE C		19	211 LOCATION							_
ME	WHILE NOT WH	II E	(AT HOME STR	ET FACTORY, OF	FICE, FARM, ETC)	STREET		CITY	ORTOWN	COUN	NIA	STATE	
	270. I certify that (I) saw the decease abave, (I) (we) (d 27b SIGNATUPE 27d. PHYSICIAN'S NA	(this haspital ad alive on lid) (did not)	view the body	after death.	19 87 6	PHYS	IDING ICIAN [STAFF YSICIAN AVE	220.			st
	BURIAL, CREMATION,		23b. DATE			EMETERY OR CREM		23d LOCATION	•				=
	BURI		5-23			HOST CH.		ISSUE	CHA	RLES	MA	RYLAN	D
24 F	UNERAL DIRECTOR						A A A A	REC'D. BY REGIST			200	RE	
AF	REHART FU	NERAL	HOME	, INC.	LA PL	ATA, MD.	MA	Y 23 1981) Joseph	Devidos	~~	A COMP	

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1 - STATE REGISTRAL STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

B REGINO.

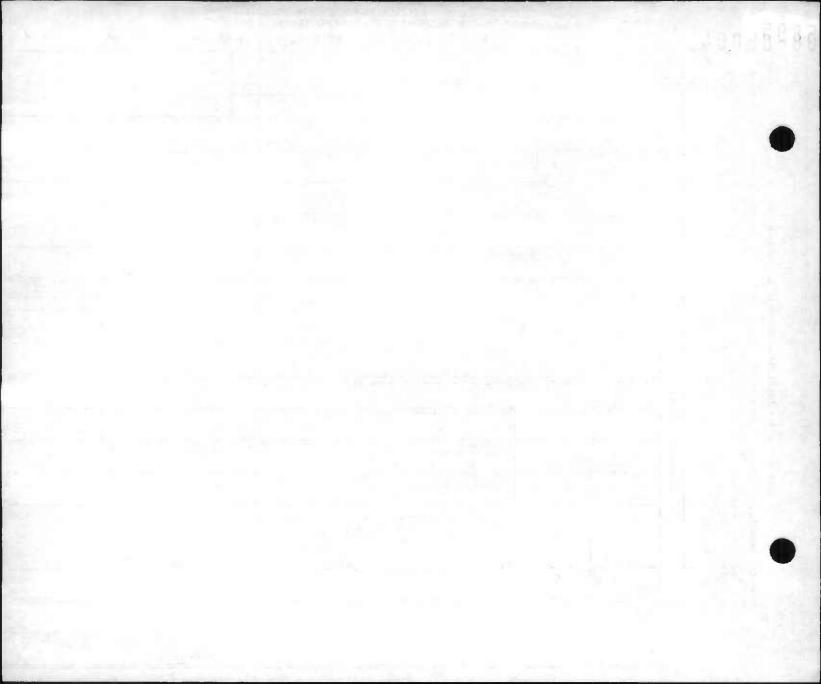
3 /

	REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.	1 0	100	
	1. DECEASED NAME FIRST (TYPE OR PRINT) JAMES	RICHARD	JOHNSON		20 DATE OF DEATH MONTH	06 198	20 1100K	
,	MALE	4 RACE WHITE	5. DATE OF BIRTH MARCH 14	1916	6. AGE (IN YEARS LAST BIRTHDAY)			
	Ja BIRTHPLACE (STATE OR FOREIGN NEW Hampshire	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER	ONORCED	Baltimore city <u>or</u> co Baltimore		H MD	
1	Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE St. Agnes Hos	pital		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK RETITED Prin	KING LIFEL INDUS	TRY	
2		rother institution, give residence before NTY 131 CITY OR TO Woodlaw	N 13d. INSIDE		38.STREET ADDRESS / ZIP 7155 Fairbr	code Look Roa	d 21207	
2	FATHER'S NAME FIRST WILLIAM 160. WAS DECEASED EVER IN U.S. AR	Johns RMED FORCES? 166 SOCIAL SEC	on G	eorgiana		Моша	tplaisir	
_		11 017-05-		Johnson		13		
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 190 DATE O	DUE TO, OR AS A CONSEQ (b) Ariely grave DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	UENCE OF DEATH BUT NOT RELATE		20a AUTOPSY? 20b.	IF YES, WERE FIN	1986 10:30P UNDER IVEAR IF UNDER 24 HBB OF DEATH 176 KIND OF BUSINESS OF INDUSTRY SUNPAPERS Road 21207 MOUTPLAISIT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF DEATH 176 KIND OF BUSINESS OF INDUSTRY SUNPAPERS ROAD 21207 MOUTPLAISIT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF DEATH OF DEATH 10 PART 110 WERE FINDINGS USED NO 11 OR PART 2) COUNTY STATE 22 that (II (We) last of from the causes stated 122 DATE SIGNED 176 / 166 129 COUNTY MARYLAND	
-	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHEY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220 1 certify that (1) (this haspi saw the deceased alive an attive. ITHER INDUSTRIES THE PHYSICIAN'S NAME (1796 O	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE (tal) attended the deceased from 19 30 PRINT)	19 211 LOCAT SIRE!	ION 19 20 19 20 19 20 19 (our) opinion de ATTENDING PHYSICIAN	CITY OR TOWN	COUNTY 19 262 d hour and from	state . that (i) (we) last the causes stated	
	230. BURIAL, CREMATION, REMOVAL Cremation		NAME OF CEMETERY OR estview Crem		23d LOCATION Catonsville	COUNTY	Maruland	
1	Lehoye M. & Russe 1630 Edmondson A	el C. Witzke Fu	neral Homes	P. A 250. DATE F				

DHMH - 16 60M 7/B4 (VRA 15, 4)

		1,	FOR			STA DEPARTMENT OF		MARYLAND H AND MENT	AL HYGIEN	Ę		7	0	<i>(*)</i>
1-11	6764	1-	STATE REGISTRAR		MEI	DICAL EXAMIN	NER'S	CERTIFICAT	E OF DEA	HO REG.	NO.	5 /	Ö	7
0			CEASED NAME	FIRST		MIDDLE		LAST		2a. DATE KNOWN		DAY	YEAR	76 HOUR
	E LONE SSARY, PLEASE E SON YOUR FILES. ED, WITHIN 72 HOURS W. PRESTON STREET,	(IAb	COR PRINT)	JERRO	OD	L.		JOHNSON		OF ESTI- DEATH MATED	5	13	1986	
	A S S S S S S S S S S S S S S S S S S S	3. SEX		4 RACE	S. DATE OF BIRTH	YEAR LAST BIRTHI	EARS IF U	NDER 1 YR. IF U	NDER 24 HRS	2c. DATE	HĪMŌM	DAY	YEAR	2d. HOUR
	OUR ON S	ma	ale	black	8 16	1071 11	rrs.	THS DAYS HOU	PRS MIN	PRONOUNCED DEAD	5	13	1986	5:45
	A SESTINATION OF THE STATE OF T	₹a BI	RTHPLACE (ST	ATE OR	76. CITIZEN OF WH	IAT COUNTRY?	8 MARI	RIED NEVER A	MARRIED V	9. BALTIMORE CITY	OR COUN	TY OF E	EATH	
	NO N		Me		USA		WIDO		VORCED D	Baltimore	e Cit	У		MD.
1	SER SER	10 C1	TY OR TOWN	OF DEATH		PITAL, NURSING HOM		HER INSTITUTION		AOST OF WORKING LIFE)	YPE OF WORK		ND OF BU	
1	TH. IF ANY DE. 1. 2. AND 3 TO THE FUN. M. 3. RETAIN PAGE 5. F. 0.2. SHOULD BE FILED. (ITAL RECORDS, 20. W. F.)		Baltimo		Johns	Hopkins Ho	spit	al	10.11	N/A				
5	AIN ORD	USUA 13g. S	TATE	IF IN NURSING HOME COUN	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS	(NON)	13d. INSIDE CITY LIM	HTS2 13a STR	EET ADDRESS				11
21201	A MEDERA		Md	and the		Baltimore			○□ 23	00 Anoka A	Avenu	e 21	215	
MD.	H. I. 2, 2, 2, 3, 2, 3, 3, 3, 4, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	14. FA	THER'S NAME		WIDDLE	IAST		15 MOTHER'S A	MAIDEN NAME	MIDDLE			TZAI	
E ,	1100 7 1 W	PE	lmer			Johnson			xanne	1445/2046		M	oody	
WO	E PAGE FORM JON OF	16a. V	AS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURI	TY NO.	17. INFORMANT		ADDRE	SS			
BALTIMORE,	IRS AFTER GIVE PAWITH FOR DIVISION		15, NO, OR UNKNOW			N/A		Doris Mo	oody 23	11 West La	anvalo	e St	reet	
2	, DIN		18. CAUSE OF	DEATH (Enter on	ly one cause per line	for (a), (b), and (c).)							PROXIMATE VEEN ONSET	
1	AL PER	>	PARTIDE	ATH WAS CAUSED	TE CAUSE (a)	Closed hea	d tr	auma						
6	FE HYGI		8/2		DUE TO, OR	AS A CONSEQUENCE	OF							
f.	NE REPORT		gave ris	s, if any, which e ta immediate	(b)									
-	MENT N. OR-I	139	cause (o) lying caus	stating the <u>under</u> - se lost.	DUE TO, OR	AS A CONSEQUENCE	OF							
20	5 4 4 9 6				(c)									
DIVISION OF VITAL RECORDS	ULD BE EXECUTED "PENDING" IN PENDING" IN PENDING" IN PENDING IN PE	N	PART 2 DTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	OUT NOT RELATED TO THE TER	MINAL OISEA	SE OR CONDITION GIVE	N IN PART 1 (a)					- 570
E.	FEN AREN	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION	WAS PERFORMED?	?			[20 A	UTOPSY?	
IA	오므투학등등	FF	THE NEW										ead C	
>	CERTIFICATE SH ITING THE WOR DED TO THE CP E 3 SHOULD BE U DEPARTMENT OF PRIOR TO BUR	ERT	210 EXTERNA	L CAUSE WAS	21b. TIME OF		21c. F	OW INJURY OCC	URRED LENTER 1	NATURE OF INJURY IN ITEM 1	8 PART I OR P		E2 X C1	NO-LI
O Z	A HOOF A		UNDERLYING CONTRIBUTIN			MONTH DAY YEA	R						220	
isio	ERTI NG TO TO TO TO TO TO TO TO TO TO TO TO TO	MEDICAL	21d INJURY O	-	21e PLACE C	FINJURY (ATHOME.	21f. LC	CATION	auto/pa	rked autos	, (01)	TTST	211.	
20	られるは旧と	-Z	AT WORK	NOT WHILE D		ory, FARM, ETC.)	Пэ	rford Dd	north	of Darley		DO	1+0	City
	FER: THIS CER CATE, WRITIN FORWARDED OR: PAGE 3: HE STATE DE ND 21201 PI		O. C. Land Street, Str				Head				107		1.00.	MD
	A A S S S E E S					ribed abave, held an		1	pection		ond in my o	pinion		
	EXAMI GERTIFI OUD BE DIRECT WITH WARYL		deoth resulte	d from: Natur	rol causes .	Accident X, S	uicide	, Hamicide		ermined manner				
	Z B C C C C C C C C C C C C C C C C C C		ACTUAL	Ma	non	7		TITLE (SPECIF			DATE	-	-14-8	-
	AH SEA THE		SIGNATURE_	N.	0 /	V		A.D. ASSISI	Lall MED	CALEXAMINER	SIGN	IED	-14-8	b
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		EXAMINER'S N	NAME Anr	n M. Dixon	, M.D.		ADDRESS 111	Penn S	t., Balto.	, MD	212	201	
	5AA5AA —	23a. Bl	JRIAL, CREMAT	ION, REMOVAL 2	3b DATE	23c. NAME OF CE	METERY	- I B B II E G G	23d. LO	CATION				
07/84	BP	(5	Bur	rial 5	5/17/86	Arbutus	Ceme	etery	CITY	outus	COL	YTMU	STA	MD
25M	DHMH - 17		NERAL DIRECT		ADORESS					REGISTRAR 25b. REC	GISTRAR'S	SIGNAT		
	(VR A15 ME (5))	M	arch Fu	neral Ho	me West 43	300 Wabash	Aven	ue	MAY	1 6 1986	المناولين المناولين	uvi diger	- Mans	ساتلها

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ARD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. THE MEDICAL EXAMINER ALONG WITH FORM THAN 3. RETAIN PAGES 5 FOR YOUR FILES. SUBS AS A BURIAL -TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS 20, W. PRESTON STREET, RAND CREMATION, OR REMOVAL. JESSE DEATH MATED **JOHNSON** 86 19 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE MONTH 6 75 VAS 8:15 PRONOUNCED 1910 male black DEAD 19 86 A BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRYS US Baltimore City Md WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! 5249 Cordelia Ave. Baltimore Retired DSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 5249 Cordelia Avenue 13a. STATE 13d. INSIDE CITY LIMITS? 21215 Baltimore Md BALTIMORE, MD. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST EIRST FIRST Bob Johnson Unknown 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 220-01-8299 Beverly Rawlings 3506 Woodbrook AVenue No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, 2D AUTOPSY? NOX 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY Inspection X 220. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion death resulted from: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 5-2-86 MD Assistant SIGNATURE EXAMINER'S NAM 111 Penn St., Balto., MD 21201 Ann M. Dixon, M.D. ADDRESS 234 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Md Burial Landsdown 5/7/86 Mt Zion Cemetery 07/84 250. DATE REC'D. BY REGISTRAR MAY 7 1986 **DHMH** - 17 Funeral Home West \$200 Wabash Avenue (VR A15 ME (5))



FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6	3	1	9	
	REG. NO.				Ġ

							KEO. ITO.				
	CEASED NAME	FIRST	WIDDLE	l	LAST		20. DATE OF DEATH MONTH	DAY	YEAR	2b. HO	UR
		SHUA Ar	ndrew	JOH	NSON		MAY 30, 1986			4	:22 M
3. SE	(4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)		RIYEAR		R 24 HRS
	male	whit	e	May		1986	YRS	MONTHS	10	HOURS	MIN.
	RTHPLACE (STATE OR	FOREIGN 76. CITIZEN OF	WHAT COUNTRY?	8.			9 BALTIMORE CITY OR COUN	_			
	arvland	II	.S.A.	WIDOWE	D NEVER	VORCED T	DAIME				440
-	TY OR TOWN OF DEA	ATH , 11. NAME OF	HOSPITAL, NURSIN	G HOME C			BALTIMORE CT		12b. KIND OF BUSINESS OR		
DA	LTIMORE		ICH EACILITY, GIVE STREET		DIMAI		TYPE OF WORK FOR MOST OF WORKING	GLIFE) IND	DUSTRY		
		ING NOME OR OTHER INSTITUTION	NS HOPKINS	ADMISSION)	PITAL		<u> </u>				
130. 5	TATE	U.COUNTY	13c. CITY OR TOW	N	134 INSIDE C		13e.STREET ADDRESS / ZIP CO		2174	0	
Time.	ryland	Washington	Hagersto	wn	YES	NO X	Route 9, Box 3	367			
14. FA	THER'S NAME EIRST	MIDDLE	LAST		15. MOTHER'S	S MAIDEN NA	WE		LAS	т	
2	Terry	Lee	Johnso	n	Pa	tricia	Ann	We	ese		
	VAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	INT	ADDRESS				
	no	IF TES, GIVE WAR OR DATES			Mrs.	Patric:	ia Ann Johnson,	Hage	rsto	wn,	MD.
	18 CAUSE OF DEAT	H (Enter only one couse pe	er line far (o), (b), and	dical					APPROXI	MATE INTE	RVAL D DEATH
	PART I. DEATH W	/AS CAUSED BY: IMMEDIATE CAUSE (a)	Cardio pu	Almar	2051	arrest			20 n		
			,		0						
60	Conditions, if ony		or as a conseque			10		6	24 %	ours	5.
	gave rise to imr	mediote	-	7	7. SEP3	7.5			24 %		
	couse (a), status underlying cause	1000,0	OR AS A CONSEQUE	1		0.1:4:		2	11 8	0/12-5	5
20	DADT 2 OTHER SIGN	NIFICANT CONDITIONS	Nechrotia			colins		20/51/01/	7 10	0 0 0 0	-
Z	PART 2 OTHER SIGI	MIFICANT CONDITIONS	ON KIBUTING TO L	ZEATH BUT	NOT KELATEL	IO INE IEKN	AINAL DISEASE OR CONDITION C	JIVEN IN I	PART III	1	
CERTIFICATION	19a DATE OF OPERA	TION 196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFC	RMED	20a AUTOPSY? ZOb. IF	YES, WERE	EFINDIN	IGS USE	D
E S	5/29/86	Mack	rotizina e	2+000	11 40		IN CER	TIFYING (CAUSES	OF DEA	TH?
ER	21g. ACCIDENT WAS UNI	171	OF INJURY	711670		LIURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 1	YES	0.407.3)	NO [
	OR CONTRIBUTING		A.M. MONTH DA	YEAR	110 110 11 11	JOK! OCCOR	LEG LEGISK NATURE OF INJURY IN TIEM	IB PART I OR	PART 2)		
I A	(IF EITHER NOTIFY MEDI		P.M.	19							
MEDICAL	21d INJURY OCCUR	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATIO		CITY OR TOWN	co	YINUK		STATE
_	AT WORK NOT WE	HILE I									- 44
	22a I certify that (I)	(this haspital) attended t		5			Le , to 5/30	. 19.8			(we) last
	sow the deceas	ed alive on 5/30 did)(did nat) view the bod	17_	86 , 01	nd that in my	(aur) opinian	death accurred on the date and h	nous and fe	ram the	causes st	toted
	22b. SIGNATURE				DEGREE			22	c. DATE	SIGNED)
	Tr	B. Fasan				ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN		5/2	0/8/	1.
1	22d. PHYSICIAN'S N	AME (TYPE OR PRINT)			22e ADDRES	S	MOTEE CE DA	LTO.	MD.	212	.05
	MI	3 FASANO	2		Johns	Hapkins	s Hospital Bala	Himor		1d.	
-	1712) / MOMMO	100.		1 40111/3	10)-11	- In the second		-/		

DHMH - 16 60M 7/84

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(VRA 15, 4)

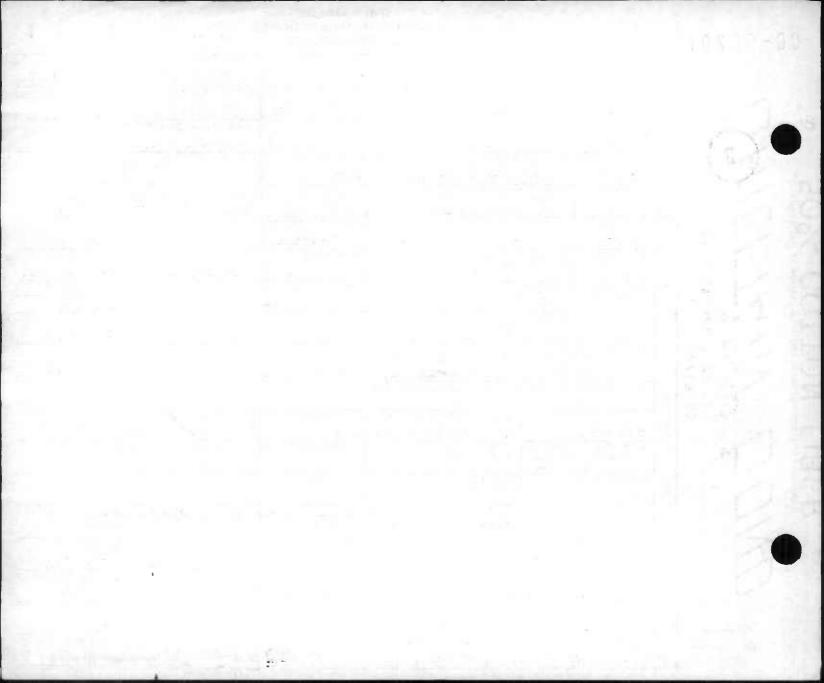
MINNICH FUNERAL HOME

burial

415 E. Wilson Bivd., Hagerstown, Maryland 2174

June 2,1986

Park Head Church



	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21301	n
6 (_
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death of infrommer recuted within 24 hours off death. Page 4 may be	0
	7 1
TO FUNERAL DIRECTOR. After this certificate has been signed by the otherdire of domptetely illudia director, pages 3 was sharing from the pages of the other pages of	1
with the Stote Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	7
IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumotic event, the medical expanding must be not that as the contract.	7
7	

1					STAT	E OF MARYLAND					
	1-	FOR STATE REGISTRAR		DEPARTI		IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	D.	3 /	7 2	
		CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR	
		Loyella		-	John	nson		5 /19	186	10:30 A M	
	3. SE)		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
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N		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
4	N		U.S.	Α.	WIDOWE		BALTIMORE,	CITY		MD.	
7		TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OR	
4		ALTTMORE AL RESIDENCE (IF NURSING HOME O		CY HOSPII			N/A				
9	M.	ARYLAND 136 COU		13c. CITY OR TOW BALTTMOR	/N	134 INSIDE CITY LIMITS? YES X NO [13e.STREET ADDRESS 2408 CALVE		EIGHTS	216 AVE.	
	14. F.A	THER'S NAME FIRST UNKNOWN	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		ROBINS	ON	
1		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	SOCIAL SECURITY NO. 17 INFORMANT			SS	1.75		
1		YES, NO OR UNKNOWN) (IF YES, G	212227309			BERNARDETTE GILLYARD 2408 CALVERTON HI					
		Conditions, if ony, which gove rise to immediate couse (a). stoling the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF									
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	ON										
7	CERTIFICATION	190 DATE OF OPERATION		NDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?		WERE FINDING CAUSES		
MEDICAL CER		OR CONTRIBUTING CAUSE OF DEATH HOUR A.		ME OF INJURY R. A.M. MONTH DAY YEAR P.M. 19		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT OR PART ?)		
	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F			ARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
		220.1 certify that (I) (this hosp saw the deceased alive a obove, (I) (we) Idid) (did n	5/19	19	86.01	nd that in (my) (our) opinion o	to			that (I) (we) lost couses stated	
		22b. SIGNATURE				DEGREE			22c. DATE	SIGNED	
		Bemadette A	Sylven	isto M.	0	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		5/14	186	
		22d. PHYSICIAN'S NAME TYPE		,		22e ADDRESS	1 640.	(4 7	2 . 1 .		
		Bornodette	Calin	- 1.c M	N	Marcy Hospit	al, St. Paul	21.15	ow time	Ore MD	

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

BP

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL

(VRA 15, 4)

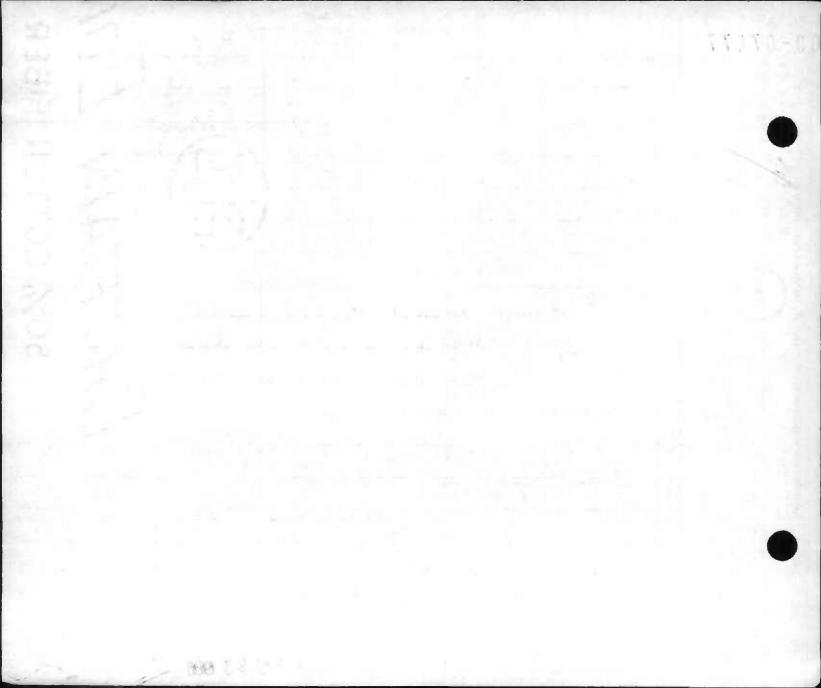
MARYLAND NATIONAL LAURET. MARYL WM.C.MARCH FUNERAL HOME INC. 1101 E.NORTH AVE.

5-24-86

23b. DATE

23d LOCATION

MARYLAND STATE



Wabash

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

TIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ò	1	3	1	9	La
REG. NO.					

	and completely filled in by the funeral dir	e derbandapete. Pages 1, and 2 should be filed within 72 hau	of the second	medical examper march population of once
recoiled by the hospital of chemical projection.	TO FUNERAL DIRECTOR: After this certificate has been signed by the natural provided on and completely filled in by the funeral director. F	should be detoched for use as the burial-transit permit. Then please remove	with the State Dept of Health and Mental Hygiene prior to burial, crescaling or region	MADONTANIT. If how 31 is marched or hom 18 shows one injury or other

· m= 1		CEASED NAME FIRST	MIDDLE	LA	- 1	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 5
hoy b	477	Mary	1. RACE	5. DATE O	ohnson	6. AGE LIN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 m	3,36	Female	Black	MONTH 2	2 24	62	MONTHS DAYS HOURS MIN.
h. Po ol dir	70. BI	RTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT CO	UNTRY? 8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	_
deot funer hin 7		TY OR TOWN-BE DEATH	USH	WIDOWE	DIVORCED [muse City MD.
by the filled with	10.0	Ballimore	HE BY IN SUCH FACILITY, G		ROTHER INSTITUTION	12a USUAL OCCUPATION	ON LIFE) INDUSTRY
24 hou ould be massibe		AL RESIDENCE (IF NURSING HOME OR O	TY 13c CITY	OR TOWN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	Bentalans &t.
rithin 2 sho	14. FA	THER'S NAME	AIDDLE	AST ALD	15 MOTHER'S MAIDEN NA	ME	A LIST
exom exom	Z	ragory	Sm	the	mat	le	Carter
Poges	16a V		WAR OR DATES)	al security no. 30 7973	Pet Charl	ADDRE	SS
ote p		18 CAUSE OF DEATH (Enter only	y ane cause per line far ia		700		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
EBI)		PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (a) ME	Palolei	Derinley		
å 1884			DUE TO, OR AS A CO	NSEQUENCE OF	0 =		
deo de		Conditions, if any, which gave rise to immediate	(b)	sorrel /	alure		
y the creek		cause (a), stating the underlying cause last	DUE TO, OR AS A CO	NSEQUENCE OF			
ed by pleas		PART 2. OTHER SIGNIFICANT C	(c)	NIC TO DEATH BUT	LOT DELATED TO THE TERM	AINIAI DISEASE OR CONI	DITION CIVEN IN PART 1
quire sign fhen to bu	Z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUT	NG TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONL	SITION GIVEN IN PART 116
on. hos beer permit, ene prior ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	I WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
N: The	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	ITH DAY YEAR	21c. HOW INJURY OCCUR		
SICIA ng ph certifi riol-tr entol frem	CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
PHYS this of the bundered	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
NG r offer os the os the orker		AT WORK AT WORK					
END of		220.1 certify that (1) (this hospit			d that in (my) (gur) apinion	death accurred on the do	that (I) (we) lost the and have and from the causes stated
RECT RECT ed fo ed fo em 2	100	sow the deceased alive on above, (1) (we) (did) (did not 27b. SIGNATURE) view the body ofter deat		EGREE		226. DATE SIGNED
the Distriction		Dane.	0:00	mi	ATTENDING	MEDICAL STAF	F W 10 16 61
HOSPITA ned by FUNERA uld be de of the Stot		224 PHYSICIAN'S NAME (TYPE OF	PRINT)	, , , , ,	22e ADDRESS	J DIRECTOR THISIC	TANCE TO TO VE
etoined etoined should b with the		Court	ev		Bon S	ecum	
De Frank		SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		BURTAT.	5/22/86	CHESTER	GROVE CEMET	ERY RICHMON	
DHMH - 16 60M 7/B4	24 FI	JNERAL DIRECTOR	4517 PARK	DDRESS	7703.DA	AV TO 1985	25h REGISTRAR'S SIGNALURE
(VRA 15, 4)		LEWIS T. GWYNN	4217 PARK	HELGHIS A	ATMOR		

1000-00

Marie of Stranger S Williams

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5/22/3c Human (.____) M.

15 17 . W. T. . 4517 . U. . T. Caller avenue

10-08476

STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0	1	0	1	4
REG. NO.				

	DEGISTRAR				CEICIT	ICAIL OI			REG. 1	NO.			
	DECEASED NAME	FIRST		MIDDLE		LAST		20. DATE	OF DEATH	MONTH	DAY	YEAR	2b HOUR
1.	YPE OR PRINT}	REESE		Α,	Jo	hason				05	31	86	825A M
1.	SEX.		4 RACE		5 DATE O			6 AGE (II	N YEARS LAST 8	RTHDAY		DER 1 YEAR	
	male		Causasio	2	MONT	DAY 27	19+5		7	1 YRS	MONTH	DAYS	HOURS MIN.
1/4	BIRTHPLACE (STA	TE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER		9 BALTIM	ORE CITY	OR COUN	ITY OF [DEATH	
1	YIRGINIA		us	A	WIDOW		IVORCED [BAC	TIMOTH	E CIT	34		MD
10	CITY OR TOWN O	FDEATH		HOSPITAL, NURSII	NG HOME O		TITUTION	120 USUA	L OCCUPA	TION		b. KIND C	OF BUSINESS OR
10	BALTIMORE	, MD	Unique		Maryl	and He	spitel	PEN		O WOMEN			BUILDEN
US 13	UAL RESIDENCE (1	HILL COU	OTHER INSTITUTION			113d INSIDE	•	1124 STORE	T ADDRESS	/ 7IP CC	DE -	2/	911
	MRYLAND	100	ECIL	RISING &		YES 🕶		1643		S C No I AL		30	///
717	FATHER'S NAME		MIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME	WIDDLE			1.0	
y	ZHME	T	_	Johnson	Le	1	IORA		A	_	701	4N'S	SOH
160	WAS DECEASED	EVER IN U.S. AF		166 SOCIAL SEC	URITY NO.	17 INFORM	ANT		ADD	RESS			
2	UNK /	O (IF YES GI	VE WAR OR DATES)	173-03-	7574	REGIS	MATION R	ELORD					
	18 CAUSE OF E	DEATH Enter of	nly ane cause pe	r line for (a), (b), ar	nd ici.						T	APPROX	IMATE INTERVAL ONSET AND DEATH
	PART I. DEA	TH WAS CAUSE	D BY.	MULTIPLE	لمومهم	SYSTEM	FAIL	URE				120	
		DAMACDIA											
	Conditions, if any, which (16) INTRA ABDOMINAL INFECTION as a consequent gastic 2.										2 0	F	
	gave rise ta	immediate)			- 10·	c c t c b		1	Puf	ation	him	
1	couse (o), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF								Ayrs				
	PART 2 OTHER	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT PELATE	D TO THE TERM	AINAL DISE	ASE OR COL	NOITION (SIVENIIN	I PART 1:	0
2		N LED AC					. (C	4	2145.41	AL AKI TI	u .
4 5	19a DATE OF O			ITION FOR WHICH					TOPSY?	120b IF	YES. WE	RE FINDI	NGS USED
CERTIFICATION	5-9-1			mic chole	4			VEC 🗆		INCER	TIFYING	CAUSES	OF DEATH?
- E	21a, ACCIDENT W				2437771		NJURY OCCUR	YES [NO		YES		NO P
		CAUSE OF DE	110110 4	M. MONTH D	AY YEAR	ZIL HOW II	AJORT OCCOR	KED (ENTER	NATURE OF IN.	URY IN ITEM	B PARTIC	JR PART 2)	
10	(IF EITHER NOTIF	Y MEDIC AL EXAMINE		.M.	19								
MEDICAL	21d. INJURY OC			OF INJURY	FARM, ETC.)	21f LOCAT			CITY OR I	OWN	(OUNTY	STATE
1	AALITE	AT WORK				1				1			
	,	- Allendaria	1 -1	ne deceased from		3/86		, ta	5/3/		19		that (I (we) lost
1	saw the de	we) did (did no	5/3/ at Dview the bady	after death	, a	nd that in (my	(aur) opinian	death occur	red an the	date and h	nour and	from the	causes stated
	226. SIGNATUR					DEGREE						22c. DATE	SIGNED
	1	The				MD	PHYSICIAN [MEDICA DIRECTO	R PHYS	AFF ICIAN P		5/3	1/86
7	22d. PHYSICIAN	S NAME ITYPE	OR PRINT)			22e ADDRE	SS						
	Rode	rick 7	. Zick	ler		225	· greene	St.	BALT	MO	21	201	
23	BURIAL CREMAT				NAME OF C	EMETERY OR			CATION				
	BOIT!		16-4.	0 / -	-	HUIE		D		650	J KOU	INTY	01 NO

DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the hospital or

BP.

TO HOSPITAL

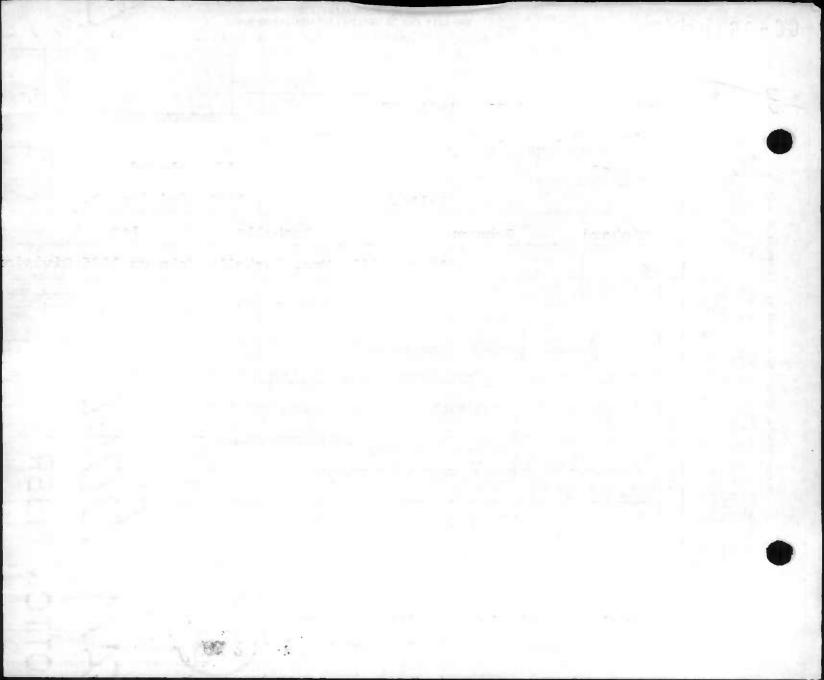
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the buriol-transit permit. Then please remave carbon popers, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval. IMPORTANT: If them 21 is marked or them 18 styres only injury, or other traumotic event, that

24 FUNERAL DIRECTOR Loans

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUN 4 1986 Fund Warreson-Hund Friha Harrason-Mandelle

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(VRA 15, 4)

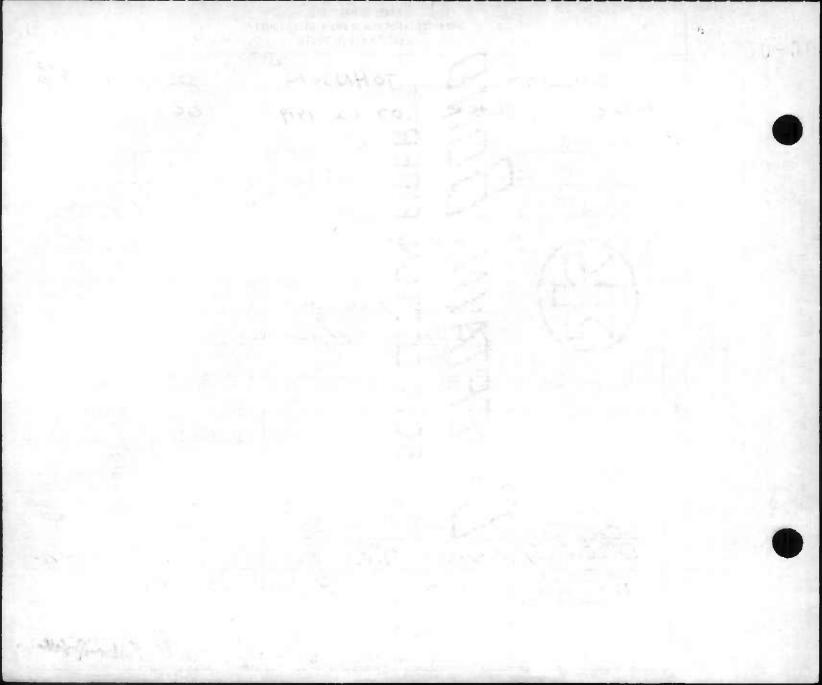


00-06002	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.
ed to	1. DE	CEASED NAME RIST	SETTA COLLON MAY 7,86 MAY
ge 4 ao	1 SE	F	1 RACE S. DATE OF BIRTH MONTH BOAY TEAR TEAR AGE IN YEARS LAST BIR HEAY) FUNDER TEAR IF UNDER 72 HRS MONTHS DATS HOURS MIN. YRS.
deoth. Po		COUNTRY) H D	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY MD.
by the filed	P	altimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOTIN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 121 USUAL OCCUPATION (TYPE OF WORKING LIFE) INDUSTRY
MARYLAND 21: ed within 24 had mpless filled in	130,	MD IN COU	- Reltimore YES NO 10N. Woodington Relat
E. MARYI	2	Ohn	SCO + DELLA MODIE SCO + DELLA MODIE SCO + DELLA MODIE ADDRESS ADDRESS ADDRESS
LTIMORE the man		MO DE THENOMAL TENET OF	218-42-0263Tleroy Johnson 6. N. Woodington Rd
retificate benificate beneaper remeral		PART I. DEATH WAS CAUSI	ATE CAUSE (o). COREILO TI PACCOT
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The law requires that the depart cert after this certificate has been signed by the attending to sthe burial-transit permit. Then please immore content th and Mental Hygiene prior to burial, crimination or recorded or teem 18 shows any injury, or other thermal the		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF LICE MYELOTTA (c)
or to burney y injury, o	NOIL	PART 2 OTHER SIGNIFICANT	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0
TAL RECO	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO
ON OF VITAL HYSICIAN: The ding physicion is certificate h burial-transit p Mental Hygies Are 18 show	MEDICAL CE	71a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	en P.M. 19
DIVISION OF OUT of the After this certified as the burial-radius of the burial-radius of the burial-radius of the After the A	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
R ATTEND Phospital of RECTOR.		saw the deceased alive or	oital) attended the deceased fram 19 , 19 , ta 19 , that (II (we) last n 19 , ond that in (my) (aur) apinion death occurred on the date and hour and fram the causes stoted at) viewathe bady after death. DEGREE 172 DATE SIGNED
ITAL OF THE OF THE RAL DISTRAL		22d. PHYSICIAN'S NAME (TYPE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
TO HOSPITAL retoined by t TO FUNERAL should be de- with the Stote	720	CULTA BURIAL, CREMATION, REMOVAL	1 EDAUIS BUL SCELLIS HOSP 21223
ВР		(SPECIFY) Burial UNERAL DIRECTOR	5/10/86 Baltimore Cemetery Baltimore County MD
DHMH - 16 60M 7/B4 (VRA 15, 4)			h F/H West 4300 Wabash Avenue MAY 8 1966

STATE OF MARYLAND



	1	500		STATE OF MARYLAND			
00000	1.	FOR - STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	SIENE S O	. 3	300
9 WE		CEASED NAME FIRST	MIDDLE	_ //	2a. DATE OF DEATH	MONTH DAY YE	2b. HOUR
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ctor. I	3. JL	MALE	BLACK	MONTH DAY YEAR			DAYS HOURS MIN.
ith. Pag	7a. B	, , , , ,	b. CITIZEN OF WHAT COUNTRY			OR COUNTY OF DEAT	тн
within	1	ITY OR TOWN OF DEATH		MIDOWED DIVORCED DIVORCED TADDRESS!	12a USUAL OCCUPAT		MD. IND OF BUSINESS OR
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filled a pould be	13a. S	STATE 136 COUNT	TY BY CITY OR TO		130. STREET ADDRESS	2 IP CODE	rod 21.212
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S. Pag		TES NO OR GINKNOWN)	WAR OR DATES!	Chart			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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hos been permit. The prior prior sws ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED JUSES OF DEATH?
hysicio hysicio ficate h fronsit 1 Hygie 18 shor		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OCCUR			
SICIA puriol-	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		2.6	
G PHY ottendi	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TO	WN COUN	ITY STATE
TENDIN or use or or use or of Health		220 certify that (I) this hospite	5/9	and that in (my aur) opinion	death occurred an the de	19 86 ate and haur and frai	that (I) (we) ast
OR AT he hosp DIRECT ached fo Dept of them 2		above (I) was (did) (did not 22b. SIGNATURE	o O O Conference of the state o	DEGREE	MEDICAL STAI	100	DATE SIGNED
O HOSPITAL efoined by 1 TO FUNERAL should be det with the Stote MAPORTANT:		22d. PHYSICIAN'S NAME (TYPE OF		ATTENDING PHYSICIAN [DIRECTOR PHYSIC	TAN 1	71900
TO HOSP	22.0	BURIAL, CREMATION, REMOVAL	CKEN, MD	NAME OF CENTERDY OF COUNTY	123d LOCATION	relet	
BP	236.	PECIFY) SWILL	5-12-86 23c	NAME OF CEMETERY OR CREMATORY	CHYORTOWN	nsville	Mastate
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	UNERAL DIRECTOR Phil	lips 1721-2	7 N. Mmy & . M	AY 13 1986	256. AEGISTRAD'S STO	A Jones



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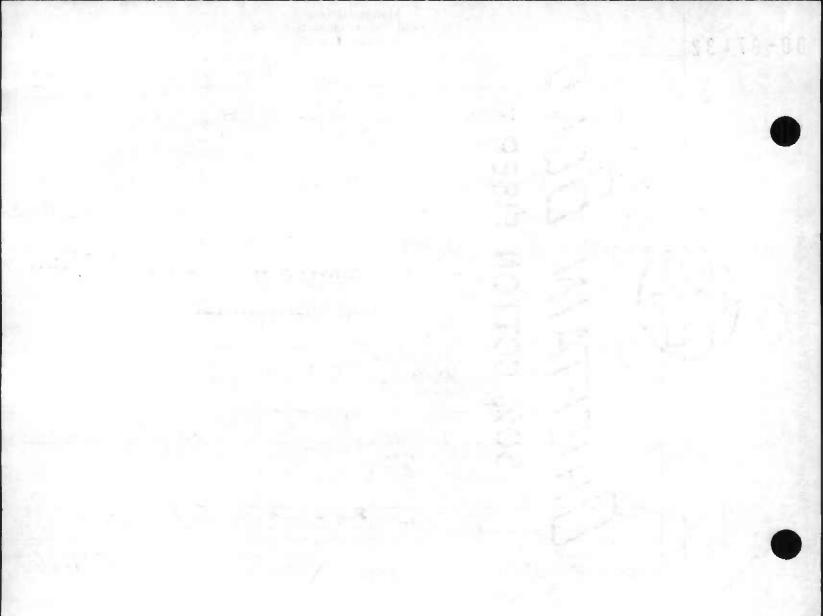
STATE OF MARYLAND

3	6	3	3	
	REG. NO.			

1.	FOR - STATE REGISTRAR	Di		ALTH AND MENTAL HY	GIENE O REG. NO	0.	3 3	Ü
	CEASED NAME FIRST PE OR PRINT! A LEXAN DE	MIGDLE A RACE	S. DATE OF	Tones	5 9/	86		724
	Mala BIRTHPLACE (STATE OR FOREIGN	Black	MONTH	1 2 102	8 L	YRS.	VIHS DAYS HO	DURS MIN.
La	COUNTRY SA	USA 1. NAME OF HOSPITAL,	WIDOWED		CITY	DN DN	126 KIND OF BI	ISINESS
USU	Balt. JAL RESIDENCE (IF NURSING HORE OR	So. Balt OTHER INSTITUTION GIVE RESIDEN	, Gen	Hosp.	(TYPE OF WORK FOR MUTILE)	F WORKING LIFE		50111200
	MD Ba	lt, Ba	elt.	34 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	/	Lane	21
D	Mayor	MIGDLE	ones	FIRST Li	llie Jones		LAST	
160 V	(YES, GIV		AL SECURITY NO.	7 INFORMANT Ellsmore Jo	nes Turner	303	Maine S Lon, Md.	
3	18 CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE) IMMEDIAT	Ily one couse per line for (a) D BY: [E CAUSE (a) DUE TO, OR AS A CO	Cardios	espiratori	Arrest		APPROXIMATI BETWEEN ONSE	INTERVAL
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COL	rmary	Tract:	Infectio	И		
CERTIFICATION	PART 2 OTHER SIGNIFICANT OF Prostation	ONDITIONS CONTRIBUTION FOR			200 AUTOPSY?	20b. IF YES,	WERE FINDINGS	
RTIFE		of the second	the second		YES NO	YES	ING CAUSES OF	DEATH?
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	RT I OR PART 2)	
E	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY		211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
×	MHILE NOT WHILE AT WORK			W 7 15/ C7	1	0	13.7	
W	AT WORK NOT WHITE AT WORK AT W	5-19	19 <u>86</u> , and	that in (my) (aur) apinian				es stated
W	220.1 certify that (I) (this haspit saw the deceased alive an abave, (1) (we) (did) (did na	t view the body ofter death	19 <u>86</u> , and		death occurred on the do	:F _	and from the caus	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH FIRST 2b. HOUR (TYPE OR PRINT) 27, 1986 5:15A MAE JONES MAY DOROTHY IF UNDER 24 HRS IF UNDER LYEAR 1 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH 28 AR 58 BLACK FEMALE To BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED BALTIMORE CITY USA WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION II. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS HOSPITAL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136 COUNTY BALTIMORE 13d. INSIDE CITY LIMITS? 423 MADIEVA STREET (21205) MD DIVISION OF VITAL RECORDS DO WESTON IT., BATTINORE, MARYLA 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE JESSE MIDDLE LAST BURGER GRACIE ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO NO OR UNKNOWN) (21205)ODESSA JONES 907 N. BROADWAY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: 0 Cardiopulmorary IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF massive lower Canditians, if any, which gove rise to immediate cause (a), stpting DUE TO, OR AS A CONSEQUENCE O underlying couse last. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased fram, 86 and that in (my) (aur) ppinian death occurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE = ATTENDING MEDICAL STAFF and be deto PHYSICIAN DIRECTOR PHYSICIAN FUNERAL PORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 600 N. WOLFE ST. BALTIMORE, MD. KLION 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY CITY OF TOWN STATE (SPECIFY) EASTVIEW MEMORIAL

DHMH - 16 60M 7/84 (VRA 15, 4)

BURTAL

24 FUNERAL DIRECTOR WM. C. MARCH FUNERAL HOME 1101 E. NORTH AVENUE

BATITTMORE 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Fisher Davidson-Handalle

MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

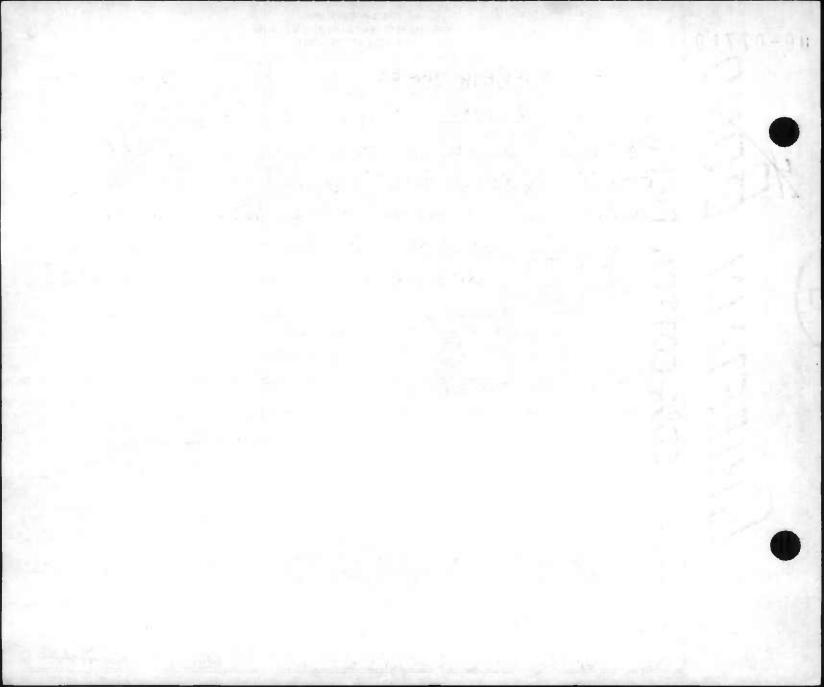
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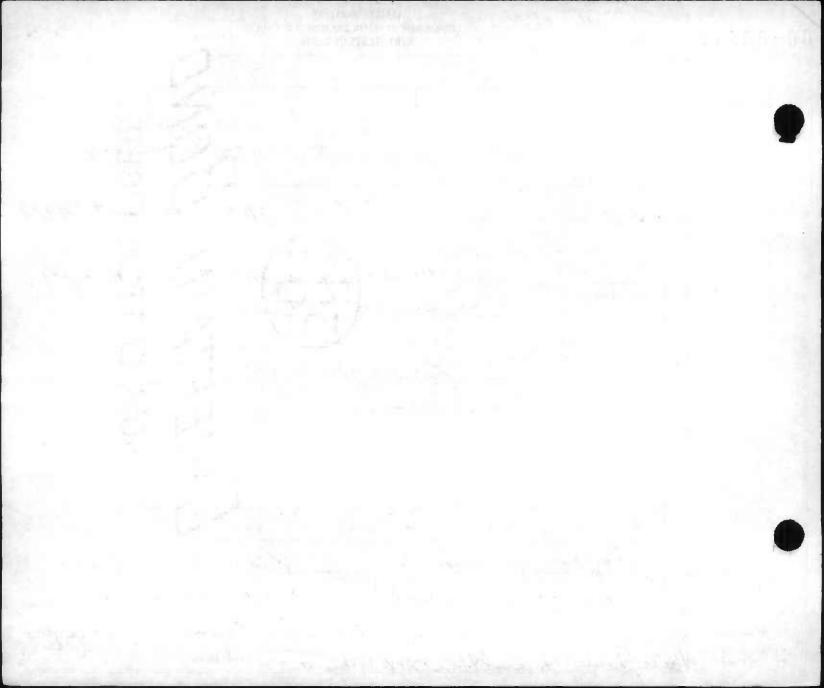
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140	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	, 0	
d t		CEASED NAME FIRST ELTZ	ABETH JO	HES LAST	20 DATE OF DEATH M	5 23/86	26 HOUR
aste po	3. SE		BLACK	S DATE OF BIRTH MONTH 3, 1923	6. AGE (IN YEARS LAST BIRTHE	IF UNDER LYEAR MONTHS DAYS YRS	IF UNDER 24 HRS HOURS MIN.
of profes	70. BI	RTHPLACE ISTATE OR FOREIGN 76	U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	CITY	M
49	10 C	BALTO. 1	JORTH CHARLETY, GIVE STREET	LES GENERAL	120 USUAL OCCUPATION	ORKING LEE) INDUSTRY	F BUSINESS OR
5	130,	AL RESIDENCE (IF NURSING HOME OR OTI STATE 136 COUNTY	13c OTY OR TO	MURO YES NO .	1839 N.C	ASTLE STEES	21213
3300		DAULA MID	Butche	R FIRST PER TRANSPORT	MIDDIE	Loves	Ť
Page 4		VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE W		0128 MARY SANS	62 1839 N.	ASTLESTO	
g physic on paper emasol.	f	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED E IMMEDIATE (3Y:	estive hear ?		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
by the attention ose remove carb. I, cremorium or other traumorie		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	(b) Yesy	VENCE OF CESCESTS - VI	usial er f	sculent	
signed Then plea to buriol njury, or	NO	PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		ION GIVEN IN PART 110) '
hos been t permit. I ene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		Ob. IF YES, WERE FIND IN N CERTIFYING CAUSES YES	
certificate iniol-transi ental Hygi Item 18 sh		210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH [P.M.	DAY YEAR 19	RRED (ENTER NATURE OF INJURY I	NITEM 18 PART I OR PART 2)	
os the bur th and Me orked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		CITY OF TOWN	COUNTY	STATE
for use of Heol		27a. I certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did not) v	5/23/ 19		death occurred on the date	and hour and from the	
RAL DIREC detoched tote Dept.		226 SIGNATURE R.M.		PHTSICIAN (MEDICAL STAFF DIRECTOR PHYSICIA	NO 5/2	3186
should be de with the Stot		22d PHYSICIAN'S NAME (TYPE OR PI		M.D Balhme	AL CHARIE	1 Gren ha	Third
± 28 3 €	230	VIRIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	123d LOCATION CITYOFTOWN	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)



-039 5		FOR HENVILL STATE REGISTRANG-480	Phone		CERTIFICATI	AND MENTAL HY	REC) I	3 8	0 4
4 may be tar, page 3 after death		CEASED NAME FIRST OR PRINT) Joh	A. RACE HACK	SES	5. DATE OF BIRTH	785 H DAY - YEAR 1	20. DATE OF DEAT	(I BIRTHDAY) I	FUNDER I YEAR IF	M. HOUR M. FUNDER 24 HRS. HOURS MIN.
er death. Page funeral direc	,	RTHPLACE (STATE OR FOREIGN COUNTRY) TY OR TOWN OF DEATH	7b. CITIZEN OF WHA		WIDOWED THE	NEVER MARRIED DIVORCED	9 BALTIMORE CIT	PATION	126. KIND OF E	MD.
hin 24 hours off	m	AL RESIDENCE IF PURSING HOM 13b. CC	E OR OTHER INSTITUTION, GIVE	ccou	DMISSION) 13d IN YES	ISIDE CITY LIMITS? NO DTHER'S MAIDEN NA	130 STREET ADDRE		y 87,	2122
e be executed with clan and complete ets. Pages and the medical executed with the medical execut	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	SOCIAL SECUR		FORMANT	MIDD	DRESS	1 St. 2	1229
ires that the death certificate gned by the attending physicin please remove carbonopoper burial, cremation, or removal ry, or other traumatic event, ***		18. CAUSE OF DEATH IEnter PART I. DEATH WAS CAU Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS	A CONSEQUEN	ICE OF S	3 100000	VV	ONDITION GIVE	APPROXIMA SETWEEN ONS	
he low requon. has been single prior to ene prior to aws any injure.	CERTIFICATION	19a DATE OF OPERATION			DPERATION WAS		200 AUTOPSY?	IN CERTIFY YES		S USED F DEATH?
G PHYSICIAN: T attending physicial er this certificate er this certificate on the buriol-tronsil on them 18 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOTWHILE ALL WORK	DEATH HOUR A.M. INER) P.M. 21e. PLACE OF II	MONTH DAY	YEAR 19	OCATION STREET		INJURY IN ITEM 18 PAI	COUNTY	STATE
he baspital or the baspital or the baspital or the baspital or the baspital of the baspital of the baspital is more than 21 is		220. I certify that (I) (this has say the deceased alive above, (I) (wp.) (did) (did) 22b. SIGNATURE	on 4-11	19 8	DEGRE	in (my) (aur) opinian E ATTENDING PHYSICIAN	death accurred an th	e date and haur		
O HO etaine.		URIAL, CREMATION, REMOVE SPECIFY)	1 .	700 N.	len	P44 dh RY OR CREMATORY At I Coul	THE LOCATION	21 . Z/	217 COUNTY THE	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	Be	iley Longlass	Frank 9	ADDRESS /3	48 N. Ces	Ohen St.	APR 1 7 198	16 gunar	avidson-1	Militaria



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.					

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	2a DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
KELLIE	MAE	JONES	MAY 23, 1	9:35 A
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE	WHITE	MAY 22 1969	17	YRS.
O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH
MARYLAND	U. S. OF A.	WIDOWED DIVORCED	BALTIMORE	CITY
BALTIMORE	11. NAME OF HOSPITAL, NURS (JENOTIN SUCH FACILITY, GIVE STRI THE JOHNS HI	SING HOME OR OTHER INSTITUTION BET ADDRESS! OPKINS HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W STUDENT	
		OY YES NO	RTE. 1 BO.	X 93 F 20662
FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		IZAI
DONALD	D. JON	ES EDÎTH	ELSIE	BOSWELL
(YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES? 16b. SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	
NO NO		0-1291 TERRY & I	DONALD JONES	, SAME AS NO. 13
	only one couse per line for (o), (b), SED BY: ATE CAUSE (o) CEPL bra	ond (c).1	1	BETWEEN ONSET AND DEATH 48 hc
Canditions, if ony, which	DUE TO, OR AS A CONSEC	OUENCE OF atory arrest	1	48 hr
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF		
		ODEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDIT	TON GIVEN IN PART Ita
190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	200 AUTOPSY?	10b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\Backsless \) NO \(\mathbb{R} \)
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINATION) 21d INJURY OCCURRED	EAIR	DAY YEAR	CURRED (ENTER NATURE OF INJURY I	
ZId INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	pital) attended the deceased from may 23 19 not) view the body after death.	O4	tion death occurred on the date	ond hour and from the couses stated
226. SIGNATURE Pamel	2-1	DEGREE ATTENDIN PHYSICIAL		122. DATE SIGNED 5/23/86
22d PHYSICIAN'S NAME (TYPE	/ /	22e. ADDRESS 600 N. WO	LFE ST. BALTO	MD 21205
230. BURIAL, CREMATION, REMOVA	L 23b. DATE 23	c. NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	
BURIAL	05/27/86 N	ANJEMOY BAPTIS	T NANJEMO	Y CHARLES MD.
24 FUNERAL DIRECTOR			DATE DEC'D BY DECISTDAD	

FUNERAL HOME, INC., LA PLATA, MD. JUN 02 1986

DHMH - 16 60M 7/B4

(VRA 15, 4)

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27 Jun of March of the G a State President

STATE OF MARYLAND

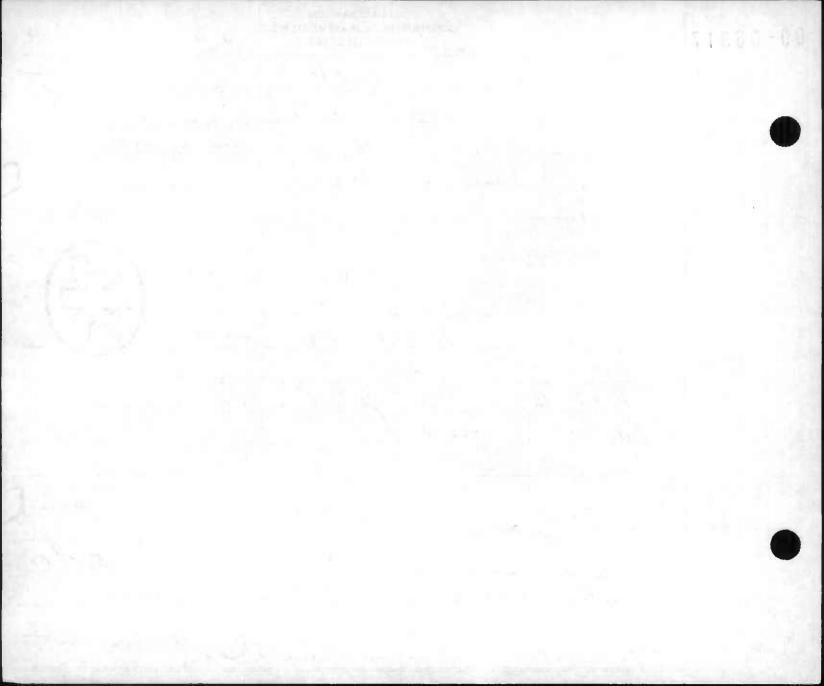
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death death		CEASED NAME PIRST	ERT	N.E	V	rows	2a DATE OF DEATH	5-/9/	186 2	10 F
ors after d	3 SE)	m	4. RACE	- >	5. DATE O	15 10°	6. AGE (IN YEARS LAST E	(FHDAY) (FH	UNDER I YEAR	HOURS MIN.
of or one	A	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WH	Α.	WIDOWE		9 BALTIMORE CITY Bal	OR COUNTY OF	DEATH	WC
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hoyld be	13a. S	ARYLAND	NTY 13	ERESIDENCE BEFORE CITY OR TOW BALTIM	N	136 INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS		H AVE	. 212
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emayal.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse per line ED BY: (TE CAUSE (o)		Lisi	anen				SET AND DEATH
atian, ar re Iraumatic		Conditions, if any, which		S A CONSEQUE	NCE OF	le organ	feilu	e		
aal, crem ar ather		couse (a), stating the underlying couse last	(c)	s a consequ	epsis		0			
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detacher tate Dept		17h SIGNATURE	/and/		C		MEDICAL ST.	AFF ICIAN 🗌	37 DATE ST	9/0B
should be d		P. E.	CORRE	=A		22e ADDRESS	rann	18050	me	
v , >		urial, cremation, removal BURIAL	23b. DATE 5-13-			METERY OR CREMATORY AND NATION	CITY OF TOWN	EL '	OUNTY MA	RYĽÄN

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR WM.C.MARCH F/H INC. 110TessE.NORTH AVE.

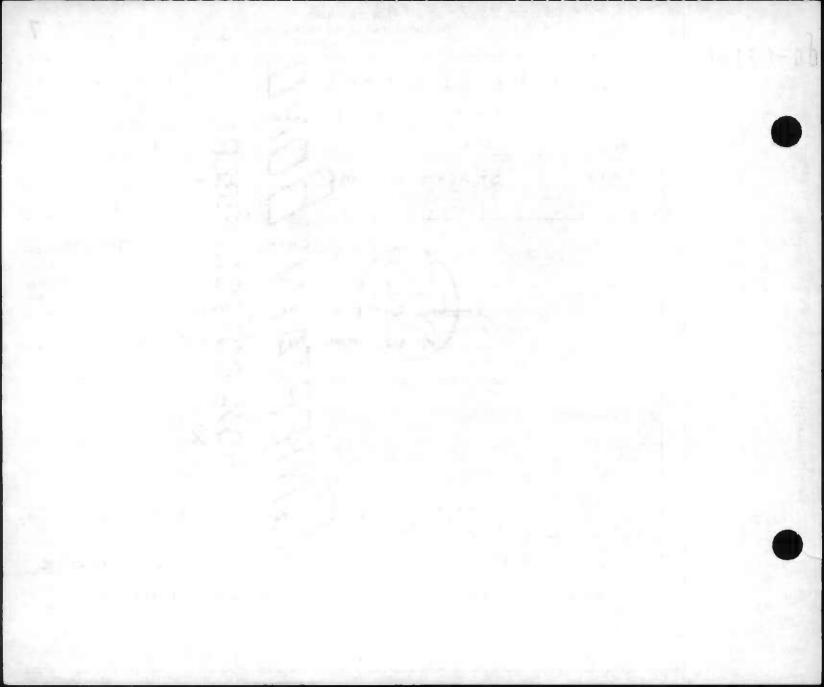
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	3. SE		RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HE
		MALE	BLACK	4 20 86	YRS	8 2
21		RTHPLACE (STATE OR FOREIGN)	LOUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
5		MD	USA	WIDOWED DIVORCED	CITY	
11/		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS INDUSTRY
		BALTIMORE	ST. AGNES		INFANT	
35	130. 5	STATE THE OWN	THER INSTITUTION GIVE RESIDENCE BEFORE 13c. CHYOR TOW		13e STREET, ADDRESS / ZIP. CODE	leton RVE.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., BALTIMORE, MARYLAND 21201	HY	
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-	TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Note 4 miny be pital or attending physician.	

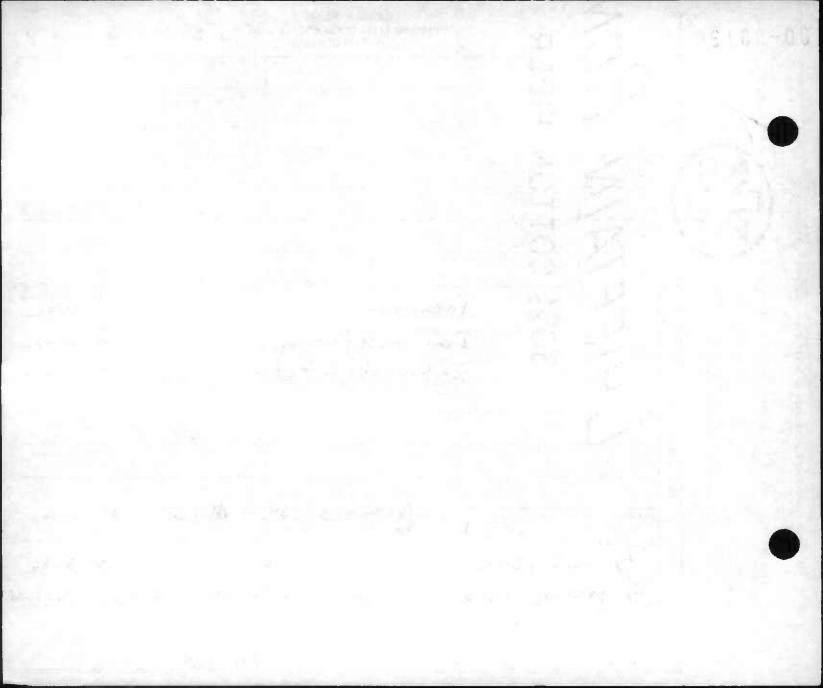
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		CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
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81	1. SE		4 RACE		ATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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12/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8	RRIED NEVER M	APPIED X	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
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P	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HO	ME OR OTHER INST	ITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
و الله	60	Baltimore	1533 Caro	line St.	3)		Laborer	Beth	. Steel
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ico ,		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES	CIAL SECURITY			ADDRESS		
med		(ES. NOOR UNKNOWN) (IF YES GIV	21	4-40-104	7 Irene	Jordan	1533 N. Caro	line Stre	et
oval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line 🙀	(a), (b), and (c)	,			APPRO) BETWEEN	(MATE INTERVAL ONSET AND DEATH
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any ir	CERTIFICATION	19a. DATE OF OPERATION	19b CONDITION FO	OR WHICH OPER	ATION WAS PERFOR	RMED		IF YES, WERE FIND	
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18 %	CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJUR			JURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	M 18 PART 1 OR PART 2)	
Mentol or Item 1		OR CONTRIBUTING CAUSE OF DEA		JNIH DAT	19				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJU		211 LOCATIO	N	CITY OR TOWN	COUNTY	STATE
orked	Σ	MHILE NOT WHILE D	(AT HOME, STREET, FACTO	ORT, OFFICE, FARM, E	Since	0.1	4.		
om s	1	220.1 certify that (1) (this hospi		sed from	camber 3	. 19_84	to May is	. 19	that (1) (we) lost
21		sow the deceased alive on above, (I) (we) (did) (did no	t) vewthe body after de	19 8 G	_, and that in (my)	(our) opinion d	death occurred on the date on	d hour and from the	couses stated
f hem		22h SIGNATOR	1	· · · · · · · · · · · · · · · · · · ·	DEGREE			22c. DATE	SIGNED
T. H		12 hard	tolk		A	TTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [5.	-5-86
IMPORTANT: If		224 PHISICIAN SNAME (TYPE O	R PRINT)		22e ADDRESS		1 . 0	OL	
MPORTANT		B. TRANX	YOLK		615 1	V. Wol	fe of , B	whomas	100 5150M
<u> </u>	23o E	SURIAL, CREMATION, REMOVAL	23b. DATE		OF CEMETERY OR C		23d. LOCATION	COUNTY	STATE
	4	SPEBURIAL	5/10/86	King	Memorial	Park	Randalistown	,	Md .STATE

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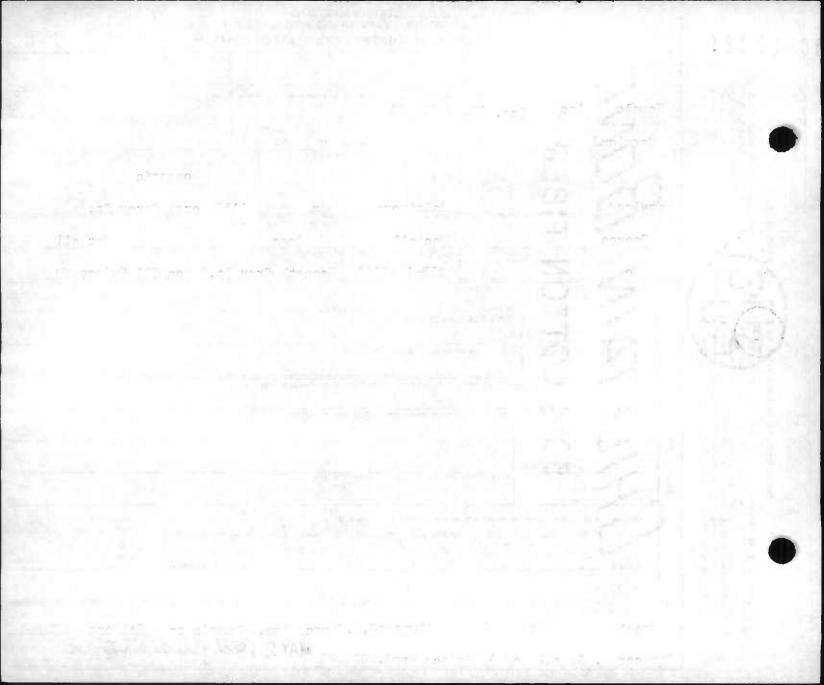
24 FUNERAL DIRECTOR

WM. C. March F/H 1101 E. North Ave.

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			FOR STATE			DEPARTMENT O	F HEALTI		9-3	0	1 3	8 0	9
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	STREET	3 SE)			5. DATE OF BIRTH	YEAR 6. AGE (IN	HDAY) MON			DATE	MONTH D	AY YEAR	26 HOUR
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MO	~ 4000		VAS DECEASED EVE	R IN U.S. ARM		166. SOCIAL SECUR	RITY NO.	17. INFORMANT		ADDRES:	S		
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DIVISION OF VITAL RECORDS,	JULD BE EXECUTED PROBLEM IN PERDING." IN PEDICAL EXED AS A BURIAL, HEALTH AND ME AI, CREMATION,		PART 2 DTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO DEATH (BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN	IN PART 1 (a)				
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	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMATION.			23c. NAME OF C		ADDITES OF	1234. LOC	ATION			
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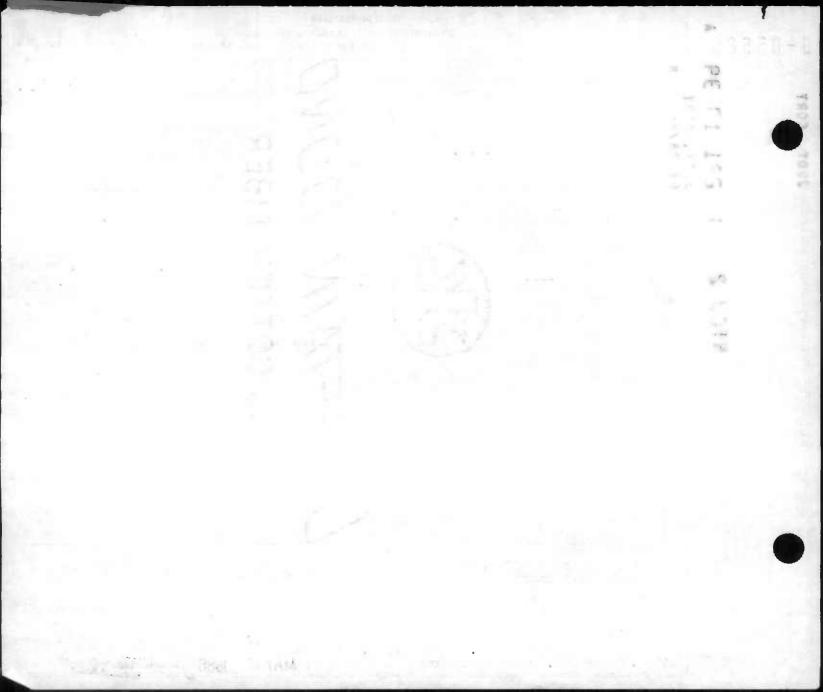
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

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	C ON PRINTI	Cory	ALLE	N	Judy		May 2, 198	36		7:3) A
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-46	Male		Whi	te	4	28 1986		YRS	MONTHS DAY	HOURS	MIN
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	outh Co		u.	S.A.	WIDOWED		Baltimore	City			٨
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7 5	ATHER'S NAMI		MIDDLE	LAST	15	MOTHER'S MAIDEN NA	ME			AST	
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FOR STATE

9

director, page 3

STATE OF MARYLAND

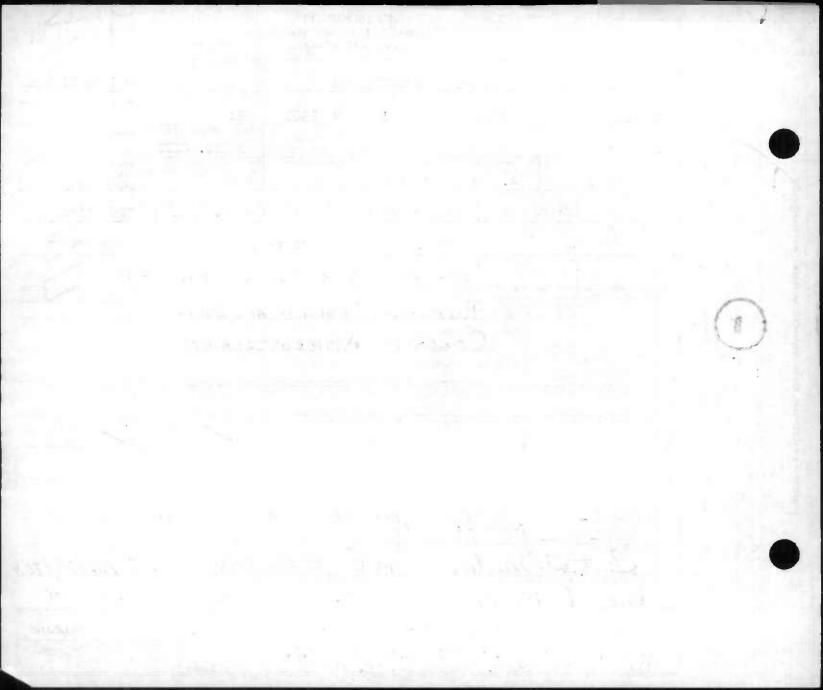
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.				

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OTHER SIGNIFICANT		, 4			20a AUT	OPSY? 20b. I	IF YES, WERE FIN ERTIFYING CAUS	DINGS USED
RIBUTING CAUSE OF D	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU				
NOT WHILE AT WORK			ARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
the deceased alive a	MAY	28 19	61.	1		MAY 28 ed an the date one	d hour and from t	_, that (* (we) lo
Best I	moi	ton	M.	D . ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	1 01	TE SIGNED 44 28,190
SICIAN'S NAME (TYPE	MOR	TON					more, Ma	ryland
REMATION, REMOVA					CIT		COUNTY	Maryland
	E OF OPERATION IDENT WAS UNDERLYING RIBUTING CAUSE OF DI RR NOTIFY MEDICAL EXAMINI URY OCCURRED NOT WHITE AT WORK THIS HOLD WITH (this hosp THE deceased alive a IVE. (1) (WE) (did) (did NOT URE STICIAN'S NAME (TYPE REMATION, REMOVA URE LIFE REMATION, REMOVA UNITED TO REMOVA	E OF OPERATION 19b. COND IDENT WAS UNDERLYING	E OF OPERATION 19b. CONDITION FOR WHICH IDENT WAS UNDERLYING AUSE OF DEATH IR NOTIFY MEDICAL EXAMINER) P.M. URY OCCURRED 21e. PLACE OF INJURY INT WHILE AT WORK THIS HOME: STREET FACTORY OFFICE. F. AT WORK THIS HOWE: STREET FACTORY OFFICE. F. AT WORK AT WORK THIS HOWE: STREET FACTORY OFFICE. F. AT WORK AT WORK THIS HOWE: STREET FACTORY OFFICE. F. AT WORK AT WORK THIS HOWE: STREET FACTORY OFFICE. F. AT WORK AT WORK THIS HOWE: STREET FACTORY OFFICE. F. AT WORK AT WORK THIS HOWE: STREET FACTORY OFFICE. F. AT WORK AT WORK AT WORK THIS HOWE: STREET FACTORY OFFICE. F. AT WORK THIS HOWE: STREET FACTORY OFFICE. F. AT WORK AT	E OF OPERATION 19b. CONDITION FOR WHICH OPERATIO 10bent was underlying	E OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 10c AUSE OF DEATH 10c PLACE OF INJURY 19c PLACE OF	E OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19c. AUSE OF DEATH 19c. AUSE OF INJURY	E OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 286. IN CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO 210. AUTOPSY? 286. IN CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO 210. AUTOPSY? 286. IN CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO 210. AUTOPSY? 286. IN CONDITION SHEET NO 210. AUTOPSY? 286. IN CONDITION SHEET NO 210. AUTOPSY? 286. IN CONDITION SHEET NO 211. LOCATION NO 212. ADDRESS St. Agnes Hospital, Balting REMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CHYOPOLOWN BALTIMOTE NO 2150. DATE REC'D. BY REGISTRAR 256. RINGS AND ALL REC'D. BY REGIS	IDENT WAS UNDERLYING

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	O	
	REG NO	

FOR - STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

page 3

phy

50

CERTIFICATE OF DEATH

IIICAIL OI DEATH	REG. NO.		
LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
ANN	5/18/86		57
OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
TH DAY YEAR	80	MONTHS DATS	HOURS A

3. SEX 7g BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY?

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

restrude

MARRIED NEVER MARRIED DIVORCED

12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

9 BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR

OTHER INSTITUTION (IF NOT IN SUCH FAGILITY, GIVE STREET ADDRESS)

BALT.

Domestic 13e STREET ADDRESS / ZIP CODE 2120

IND

FATHER'S NAME

FIRST

Macouses

SLATER ADDRESS

WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY

17. INFORMANT

recurrent

3d INSIDE CITY LIMITS?

Balt MD 2120

Conditions, if ony, which gove rise to immediate couse (a), stating the

underlying couse lost.

IMMEDIATE CAUSE

DUE TO OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

90 DATE OF OPERATION

CERTIFICATION

MEDICAL

morked

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

YEAR

19

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20g AUTOPSY? NOF

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES [

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

NOT WHILE AT WORK AT WORK 220 I certify that (I) (this haspital) attended the deceased from sow the deceased alive an above, (I) (we) (did) (did not) view the body after death.

211 LOCATION STREET

,, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

276 SIGNATURE

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED

230. BURIAL, CREMATION, REMOVAL

CITY OR TOWN

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

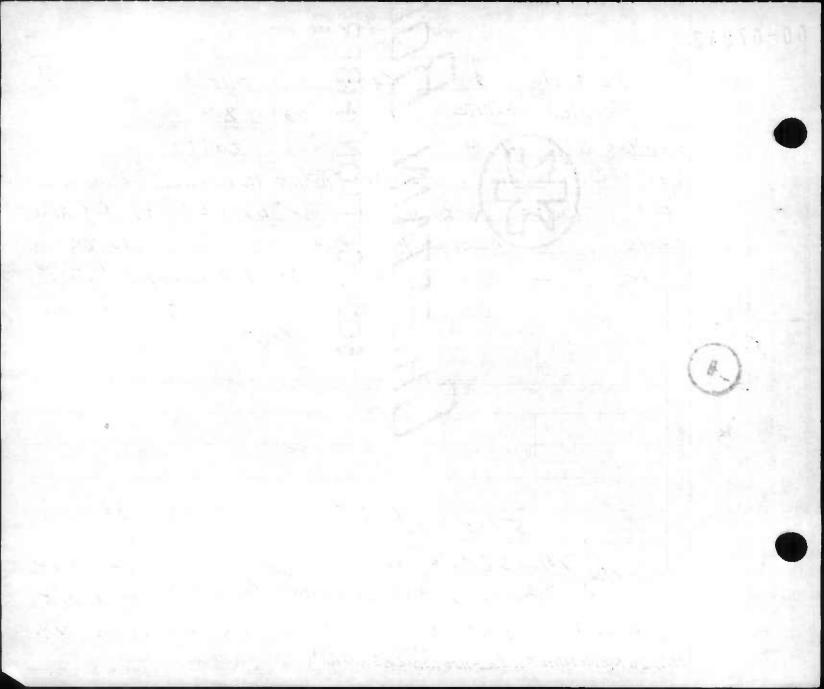
DIRECTOR

tached e Dept

th the State [PORTANT: If FUNERAL

+

24 FUNERAL DIRECTOR

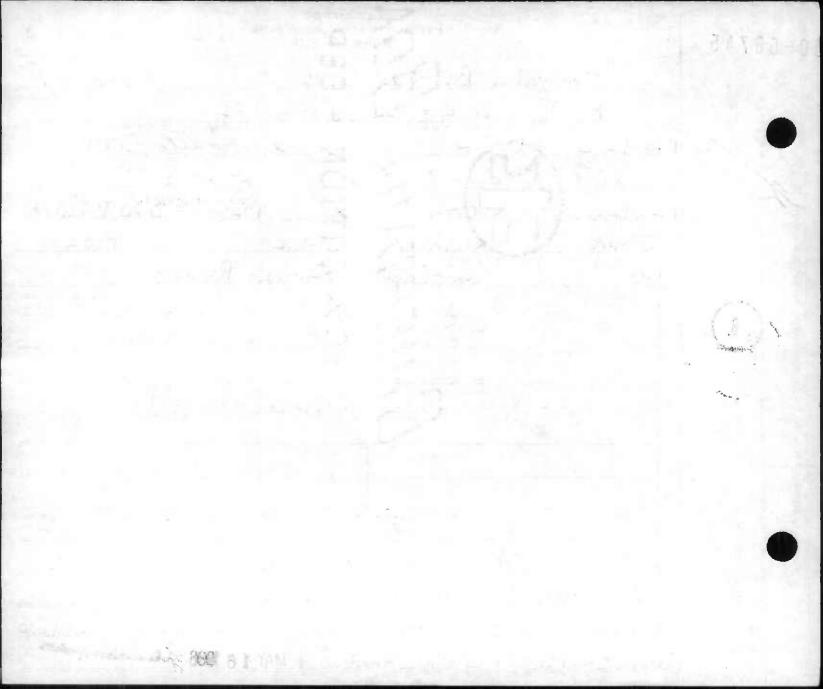


10-06745 ral director, page 3 72 hours after death 4 moy be ner must be notified of once. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAN medical exam TO FUNERAL DIRECTOR. After this certificate has been signed by this should be detoched for use as the buriol-transit permit. Then please removing the State Dept. of Health and Mental Hygiese prior to buriol, creming MPORTANT: If them 21 is marked or Item 18 shows any injury, or other requires that TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/8 (VRA 15, 4)

				STATE OF MARYLAND		
-	1.	FOR STATE		IT OF HEALTH AND MENTAL HYG	GIENE 8 5	3 8 1 3
		REGISTRAR	C	ERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	(TYPE	ORPRINT) Joseph	lene B. K	alinak.	5/1	2/86 5 PM
	3. SEX	(/14	RACE 5.	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
	111	E	11/15	APRIL 8, 1900	84	MONTHS DAYS HOURS MIN.
	-76. BIF	RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8		9 BALTIMORE CITY OR COUNT	Y OF DEATH
1	- 0	OUNTRY	1,50	MARRIED NEVER MARRIED	Baller	CTU
		TY OPTOWN OF DEATH		HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
0	16.1	Pro08	ME NOT IN SUCH FACILITY, GIVE TREET ADDR	RESSIP D	(TYPE OF WORK FOR MOST OF WORKING	
	JUSU A	AL RESIDENCE (IF NURSING HOME OF OT	HER INSTITUTION GIVE RESIDENCE BEFORE ADA	VISSION)	HT HOME	1
1	13a. S	TATE 136 COUNTY		13d INSIDE CITY LIMITS?	INSTREET ADDRESS TELD COL	MUG. 21224
	1 1	ARYLAND THER'S NAME	ILITY	YES NO 15 MOTHER'S MAIDEN NA	11.14201 L. TO	KO DAMINE
16	I4 FA		DDLE LAST	IS MOTHER'S MAIDEN NA	WIDDLE	D LAST
1		JOHU	KALINSKI	ALLUL	4000000	PSCA
1		(AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES GIVE W		Y NO. 17 INFORMANT	ADDRESS	
		10	220035	8611 FAMIS	LY MICORDS	
	-	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED I	one couse per line for (o), (b), and (c	1001	7 + 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	100	IMMEDIATE	() A/V m/	sene of K	de slumb	2 weeks
			DUE TO, OR AS A CONSTQUENT	E OF A	P. 1	
		Conditions, if ony, which	(b) ather	orderote a	andiovase des	RAJO
-		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENC	E OF		
	V.	underlying couse lost	(c)			
		PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEA	TH BUT NOT RENTED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 110
	ō.	Ce	Movascul	ar clisease	, dement	S
0	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OP	ERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
7	TIE					ES NO
	E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY		RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
7	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	2	WHILE NOT WHILE AT WORK	TALLHOME STREET FACTORY OFFICE, FARM	eic)		~
	7.	220 I certify that (I) (this haspital		2/25 19 50	6.10 5/12	, 19 66, that (I) (we) lost
		sow the deceased alive on	iew the back after death.	ond that in (my) (our) opinion	death occurred on the date and ha	our and from the causes stated
		275 SUDDIATURE	100	DEGREE		TILDAY SIGNED
		Jamene	souther	ATTENDING PHYSICIAN	MEDICAL STAFF	5/RAC
1		228. PHYSICIAN'S NAME (TYPE OR	0/11	27e ADDRESS	A CA	10/00
		Lassbergo	of Kobbins	NO Masonto	Lord Bulden	
-	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. NAM	AE OF CEMETERY OR CREMATORY	23d. LOCATION ()
	6	SPECIFY)	5-15-1981 HOL	4 Racany	CITY OR TOWN	COUNTY
	24 FL	INERAL DIRECTOR	2-12-12-1107	OD ROOM 1250 DAT	TE REC'D. BY REGISTRAR 25b, REGIS	TRAR'S SIGNATURE
4	5.	NAME CLIA PEL	OF MEMORIS	HOOF OR	V 1 0 1000 dilia	Davidoon-Hondas
		CHID CHHILL	OF 1 12MORISS	MI CHONELLIS	11 10 000 7	



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

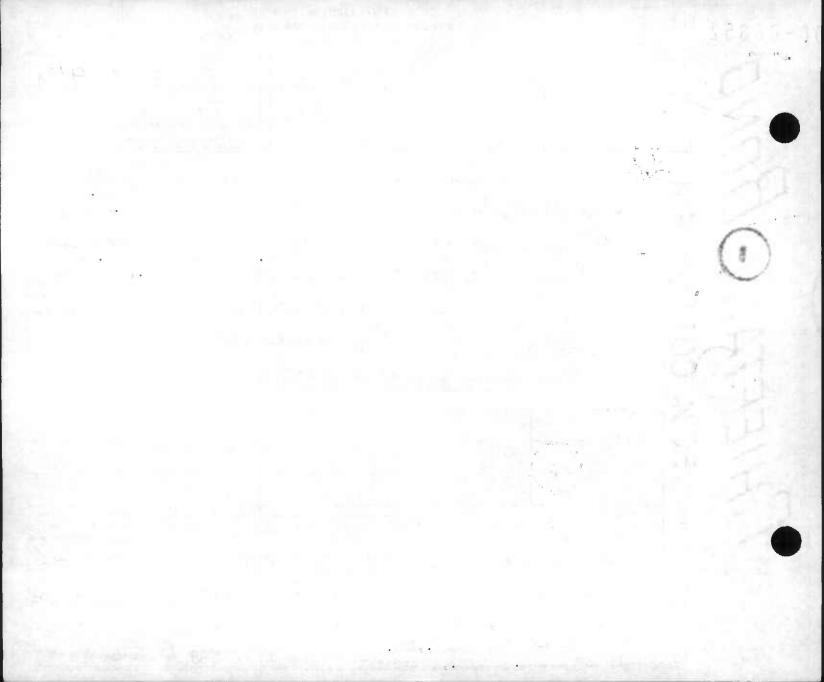
	5	O REG. N	١٥.	1	3	ਲੇ	Charles	4
TF (OF D	FATH	MONTH	DAY	YEAR	2h	HOUR	

1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	0		
	CEASED NAME FIRST	VERA MIDOLE		KALNITSKAYA	20. DATE OF DEATH	MONTH DA	AY YEAR 2	b. HOUR	
(TIPE	Vera	VERA	Kalnot	skava		5	86	23:23M	
1. SEX		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BI			IF UNDER 24 HRS	
	Fernale	whit	e g	24 18	67	YRS.	UNITED DATE	MIN.	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
	RUSSIA	USA	WIDOWI		Baltin	nuse (City	MD.	
0 CI	TY OR TOWN OF DEATH	NAME OF HOSPIT	AL, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT			BUSINESSOR	
н	Baltimore	P 0 /-	TY, GIVE STREET ADDRESS)	n Mospital	HOUSEWIFE	JE WUKKING LIFE)	AT H	OME	
USU,	AL RESIDENCE (IF NURSING HOLD	DIHER INSTITUTION GIVE RE	SIDENCE BEFORE ADMISSION)			. 710 0005			
110 5	STATE VIII COU	TINHOTO	o Lumbra	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	11 1	eum ct	91044	
14 FA	ATHER'S NAME	WANAKA C	o lumbra	15. MOTHER'S MAIDEN NA		I IIÇV		EIO I	
	FIRST	WIDDLE	LAST	FIRST	MIDDLE		LINIUNI	OMINI	
14- 11	DMITRI WAS DECEASED EVER IN U.S. AF		OCIAL SECURITY NO.	DARIA	ADDR	ESS. GO	UNKN		
		VE WAR OR DATES)	1 1000-10	17 INFORMANT 10639) / (,)	CT. CO.	LUMBIA,	MD 2104	
	NO	10	1 60 9518	Natalya tope	(daughter)	30	- / -	1-173	
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane couse per line to	r (o), (b), and (c).				BETWEEN ON	ATE INTERVAL	
			enoruber	Mest			acu	le	
		DUE TO OR AS A	CONSEQUENCE OF						
	Conditions, if ony, which	(1b) E	revere	Vasculities	V5 Nesselva	ic Dieser) 19	79 - 1416	
	gove rise to immediate couse (a), stating the	10,	CONTROL FUEL OF						
	underlying cause last.								
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	SLADOL'S	I NOT RELATED TO THE TERM	AINAL DISEASE OR COM	DITION GIVE	N IN PART Tra		
Z	TUO \	11.01	1 m Haunton	1	varran CA.	W/o Th			
ATIC	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO		20a AUTOPSY?		WERE FINDING		
CERTIFICATION	DATE OF OFERMINO				YES XI NO	IN CERTIFY YES	ING CAUSES C	OF DEATH?	
ERT	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJU	IRY	21c HOW INJURY OCCUR				110	
	OR CONTRIBUTING CAUSE OF DE	LICHE A MA A	MONTH DAY YEAR	THE HOW MAJORY OCCOR	(ENIEW MATORE OF THE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ICA	(IF EITHER, NOTIFY MEDICAL EXAMINE		19	211 LOCATION					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF IN.	TORY, OFFICE, FARM, ETC.)	STREET	CITY OR T	NWC	COUNTY	STATE	
	AT WORK NOT WHILE AT WORK						2		
	220.1 certify that (1) (this hospital) attended the deceased from								
	sow the deceased alive an								
	22b. SIGNATURE) DEGREE								
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								
	224 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS								
	P. h. +	V -2	10	Land C		460	2 1	14 a M	
0.2	KOOPrT	las pare		CEMETERY OR CREMATORY	23d LOCATION	ITOS	p. 150	TI C P	
	BURIAL, CREMATION, REMOVA				CITY OR TOWN	OLDI P	COUNTY	STATE	
	BURIAL	5-4-86		ORE HEBREW	REISTERS		BALTO.	MD	
24 F	UNERAL DIRECTOR SOL I	EVINSON &	BROS., INC.		TE REC'D. BY REGISTRA		KAK'S SIGNATU الصندان	RE	
	6010 REISTERST	OWN RD., B.	ALTO:, MD	21215 N	IAY 6 1986	J 1	Property & spinished		

-06652	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MEN	
noy be	1. DECEASED NAME FIRST MIDDLE Kaplan	20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 5 8 86 9 13
ge 4 moy	ARACE S. DATPOF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR TOUNDER 24 HRS. MONTHS DAYS HOURS MIN.
in 72 ho	76. BIRTHPLACE (STATE ORFOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED WINEVER MAR	RAITIMORE CITY OR COUNTY OF BEATH
filed with	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SINAI HOSPITAL	
filler in hould be	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 130. CITY OR TOWN 130. INSIDE CITY MARYLAND BALTIMORE BALTIMORE YES NO.	IMITS? 130 STREET ADDRESS / ZIP CODE APT . C 3010 NORTHBROOK RD . 21209
130	14. FATHER'S NAME FIRST MIDDLE LAST FIRST MORRIS KAPLAN HII	LDA UNICASANI
1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-09-29/9 3010 NO	MRS. BELLEAR APT. C DRTHBROOK RD BALTO., MD 21209
certificate. ng physici ban paper r removol.	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUDDEN
ne deoth ce an an adin anor corb	Conditions, if any, which gave rise to immediate	
thot the	couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF THERES. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	
law requi	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORME 210, ACCIDENT WAS UNDERLYING 210, TIME OF INJURY 21c HOW INJURY	
AN: The shysicion. Ificate ha transit per Il Hygiene	HOUR AM MONTH DAY YEAR	YES NO YES NO OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
3 PHYSICIAN: Titlending physici pr this certificate the burial-transi and Mental Hygi ced or Item 18 sh	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET WHILE NOT WHILE	CITY OR TOWN COUNTY STATE
TENDING Pointer or after the correct the c	27a. I certify that (I) (this haspital) ottended the deceased fram saw the deceased alive an above, (I) (we) (ATO) (did not) view the body after death. 27b. SIGNATURE DEGREE	9, to
PITAL OK ATTEN by the hospital IERAL DIRECTOR detached for un State Dept. of He ANT: if them 21 is	AR. M. ATTE	NDING MEDICAL STAFF ICIAN MIDIRECTOR PHYSICIAN 5-8-86
TO HOSPITAL retained by th Shauld be deti- with the State MAPORTANT:	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22d. ADDRESS LAWRENCE SOLOMON MD 600	REISTERSTOWN RD 21208
BP.	23d. BURIAL, CREMATION, REMOVAL REMOVAL MAY 9,1986 REBREW YOUNG ME	NATORY 23d. LOCATION
DHMH - 16 60M 7/B4 (VRA 15, 4)	74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO. MD. 21215	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 1 5 1986 Julia Davidson Andrew

6010 REISTERSTOWN RD. BALTO, MD 21215

STATE OF MARYLAND



(VR A15 ME (5))

DHMH - 17

HUBBARD F.H. INC 4107 WILKENS AVE Balt MD 21229 MA

DA.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

	REGISTRAR		CERTII	ICAIL OF DEATH	REG. NO.				
ī	1. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR			
	(TYPE OR PRINT) GEOR	E P.	KA	ARUKAS	5-4	1-86 5,2			
3	3. SEX	4 RACE	S. DATE (IF UNDER 1 YEAR IF UNDER 2			
20	Male	White	Nov		79 _{YRS} M	ONTHS DAYS HOURS			
77	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8.	D 10 NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH			
1/	Greece	U.S.A.	WIDOWI	_	Baltimore Ci	ty			
25	Baltimore	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Self-T.V. Service				
	USUAL RESIDENCE (IF NURSING HOM 130 STATE 13b. CC Maryland	UNTY 13c CITY	nce before admission) OR TOWN Ltimore	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CODE 1705 Bank St	reet 2123			
0	14. FATHER'S NAME Peter Peter	MIDDLE Karı	ikas	is mother's maiden NA. First Helen	MIDDLE	Dezes			
1	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS				
	No	218-	218-01-8150		Clara Karukas 1705 Bank St. 212				
	18 CAUSE OF DEATH (Enter	anly ane cause per line far to), (b), and ic)	1	mant	APPROXIMATE INTERVA			
	PART I. DEATH WAS CAL	IATE CAUSE (a)	fall you	monary as	187				
	DUE TO, OR AS A GONS FOUENCE OF								
	Conditions, if any, which (1b) MUCHACMIA								
1	gave rise to immediate cause (a), stating the DUE TO, OR CONSEQUENCE ON CONSEQUEN								
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
9	NOTE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	196 CONDITION FOR WHICH OPERATIO		20a AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH			
9	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MON	NTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT T OR PART 2)			
	IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED	21e PLACE OF INJUR	Y OFFICE FARM FIC I	211 LOCATION	CITY OR TOWN	COUNTY STA			
3	MHILE NOT WHILE AT WORK	(ATTIONE STREET, FACTOR	TOTTICE PARK ETC)	-11.	1. 1/11	1			
	220.1 certify that (1) (this hospital) attended the deceased from 5/4, 19 84, to 9/4								
16	sow the deceased alive an								
	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D 221. Date Signe								
	David Grald 1200 Alo, Boardway								
	23a. BURIAL, CREMATION, REMOV	AL 23b. DATE	The second second	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STA			
53	Burial	May 7 1986	Greek	Orthodox Cem.	Baltimore	Maryla			
/84	24. FUNERAL DIRECTOR		ADDRESS		REC'D, BY REGISTRAR 256, REGISTR	AR'S SIGNATURE			
	T T D	- T	1 20		AV h 400c	and the same			

DHMH - 16 60M 7/84

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(VRA 15, 4)

FOR 1 - STATE

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certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN The law retained by the haspital or attending physician.

Leonard J. Ruck, Inc. Maltimore, Maryland

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			FOR STATE			DEPARTMENT OF	TE OF MARYLAND HEALTH AND MEN		6	1 7	s)	1 0
1-08	680		REGISTRAR		ME		IER'S CERTIFICA	TE OF DEAT	H O REG. NO	3	O	1 0
	000		CEASED NAM	E FIRST		WIDDLE	LAST	20	OF ESTI-	HINOM	DAY	YEAR Zb. HOU
	東京の第 年			Maria	an	М.	Kaufman		DEATH MATED		30/19	
	ARY, PLASS DIRECTOR OUR FILES ON STREET	J. SE	emale	White	5. DATE OF BIRTH 9-6-07	YEAR I STBIRTHD	ARS IF UNDER 1 YR. IF L AY) MONTHS DAYS HO RS.		DATE ONOUNCED DEAD	MONTH 5/	30/ 19	YEAR 14404 86 A
	FUNERALD S. FOR VO.	70 B	RTHPLACE (S REIGN COUNTRY) aryland	TATE OR	U.S.		8. MARRIED NEVER	MARRIEDXIX	Baltimore city o Baltimore			TH
5	PARTE I		TY OR TOWN		(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUTION	N I2a. USUAL	OCCUPATION (TYPH TOF WORKING (IFE) retary		126 KIND	OF BUSINESS DUSTRY Cing
21201	ANY AND 3 AND 3 AND 3 AND 3 AND 3	USUA 130 S M	RESIDENCE TATE aryland	(IF IN NURSING HOME		IVE RESIDENCE BEFORE ADMISSI 131. CITY OR TOWN Baltimor	13d. INSIDE CITY LI	LIMITS? 130 STREET	o Crofton	Rd.	21 23 9)
RE. MD.	S S S S S S S S S S S S S S S S S S S		ATHER'S NAME FIRST Edgar		MIDDLE Ielvin	Kaufman	FIRST	MAIDEN NAME	WIDDIE		Ridir	ngs
WO	S S S S S S S S S S S S S S S S S S S	16a. V	VAS DECEASE	DEVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECURIT	Y NO. 17 INFORMAN	NT	ADDRESS		1239	
ALT.	PAGE WISIO		No	(11-125, 014)	• WAR OR DATES	217-05-329	4A C.Messe	ersmith 13	343Croftor	n Rd.	Balt	co.Md.
ON ST.	E 3 0	E	18 CAUSE O PART I DE	ATH WAS CAUSE	ED BY: ATE CAUSE (a)	e far (a), (b), and (c).)	Drowning					DXIMATE INTERVAL N ONSET AND DEATH
201 W. PRESTON ST	ULD BE EXECUTED WITHIN 24 HOW "FENDING" IN PENCIL IN ITEM 11 FENDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENG, AL, CREMATION, OR REMOVAL	¥.	gove ri	ns, if ony, which se to immediate stating the <u>under</u> use lost.	(b)	R AS A CONSEQUENCE (
RECORDS,	BE EXECUDING" NDING" NEDICAL AS A BUR ALTH AN	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	VEN IN PART 1 (a)				
2	HOULD WE	CERTIFICATION	19a DATE OF	OPERATION	196 CONDI	ITION FOR WHICH OPER	RATION WAS PERFORMED	D?			20 AUT	OPSY?
¥.	CHIEF CHIEF CHIEF TOF HI	Ě			5444						YES	NO O
DIVISION OF VITAL	CERTIFICATE: TING THE WC SED TO THE 3 SHOULD B DEPARTMEN PRIOR TO B	MEDICAL CER	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH P.A.	A. MONTH DAY YEAR		drowned i			RT 2)	STATE
۵	WRI WRI ARE ATE 120	1	AT WORK	NOT WHILE	ba	athtub.	1345 Croft	ton Rd.,	Baltimore			
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SE EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CIT OF FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUILD		220 I certi death result	fy that I took char	ge of the remains de ural causes ,	Accident , Su	Autopsy X, In:	Undeterm	Inquiry , an	nd in my op	inton	
	A H H H H H H H H H H H H H H H H H H H	1	SIGNATURE,		X	11 4	M.D. Assis	tant_MEDICA	LEXAMINER	SIGNE	D_5/	31/86
	MEDIC ECUTE TI GE 4 SF FUNER TER DEA	-	EXAMINER'S (TYPE OR PRI	NAME Gree	gory R. Ka	auffman, M.D		lll Penn	St.			
	PA T P E E	(SPECIFY)	TION, REMOVAL	23b. DATE		METERY OR CREMATORY	CITY OR T	TION	COUN		STATE
07/84	BP		Burial		6-4-86	Lorrain		Balt	timore		imore	
25M	DHMH - 17		UNERAL DIREC		d Uoma ADDRES	500 York Roa		DATE REC'D. BY RE				
	/\/P A 15 AAE (5\)	INT	Lcnell-	wrederel	d Home of	DUU YOTK KOA	U ZIZIZ	IIIN E	100	Saide	. Inhanc	LA SULLA .

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by be oge 3 death		CEASED NAME	once	atta MIDDLE	Kazara	S IAST	May 11		Y YEAR	26 HOUR 1:30 P
may po	3. SE	X		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST E	BIRTHDAY) IF	UNDER I YEAR	IF UNDER 24 MRS
ge 4	F	emale		Caucasian	De		53	YRS	NIHS DATS	HOURS MIN.
Po Short	70 B	IRTHPLACE (STATE OR FO	PREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	IED KNEVER MARRIED	9. BALTIMORE CITY		FDEATH	
death of o	1	Italy		U.S.A.	WIDOV	VED DIVORCED	Baltimo	re 🗇	4	MD
a sa	2	ITY OR TOWN OF DEAT	Н	(IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA		KIND OF	BUSINESS OR
201		U.S.A.		323 Jolin	Stree	t 21224	inspecto	r	Beth :	Steel
ote be executed with size on ond jointle pers. Page 1 and 2 thinks out.	30		IG HOME OR		or town Lto.	13d INSIDE CITY LIMITS? YES [X NO]	323 Jpp		. 212	24
RYLA	14. F.	ATHER'S NAME		MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME			
MAN S TO TO		Saverio		Mazzı		Sema (Si	.lvia)	Gre	CO	
MORE,		WAS DECEASED EVER IN		MED FORCES? 166 SOC	AL SECURITY NO.	17 INFORMANT	ADD	RESS	212	24
rimo on o		no	(** 124.01		-30-185	4 Mr. Pete A	. Kazara	s. 323	Topl	in St.
DS, 201 W. PRESTON ST quires that the death cert signed by the attending I hen please remove corbor to burial, cremotion, or rest jury, or ather troumotic ex-	NO	Conditions, if any, gove rise to imme couse (a), stating underlying couse	which ediote the lost	DUE TO, OR AS A CO DUE TO, OR AS A CO DUE TO, OR AS A CO CO	NSEQUENCE OF	IT NOT RELATED TO THE TERM		NDITION GIVEN	IN PART 1 o	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir to other dring physicion. After this certificate has been sign as the buriol-transit permit. Then the and Mental Hygiene prior to be dread or them 18 shows ony injury orked or them 18 shows ony injury.	CERTIFICATION	190 DATE OF OPERATION				on was performed	200 AUTOPSY?		VERE FINDING CAUSES (
SICIAN: The ng physicion certificate uniol-transition (entol Hygin them 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEA	TH HOUR A.M. MON	19		RED (ENTER NATURE OF IN)	FURY IN ITEM IB PAR	I OR PART 2)	
OIVISION Offer this frer this os the both ond M	MED	21d INJURY OCCURRE WHILE NOT WHILE AT WORK	E 🗆	21e PLACE OF INJURY (AT HOME STREET, FACTORY		21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
ATTENDII ospital or ECTOR, A d for use it of Health		sow the deceased above, (I) (we) (dia	olive on.	of attended the deceased by view the body after deat	18 86	and that in (my) (our) opinion	death occurred on the	dote and hour o		
TAL OR by the high detoche tote Dep		22b. SIGNATURE	ارما.	M Fuedlar	nder, m		MEDICAL STA		22¢ DATE S	
O HOSPI etoined b TO FUNE should be with the S		Neal M. Fr	11	inder, M.D		333 St. P	aul Place, S.	As, to	Battino md a	1302

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial III 5/14/86 24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY Sacred Heart Jesus

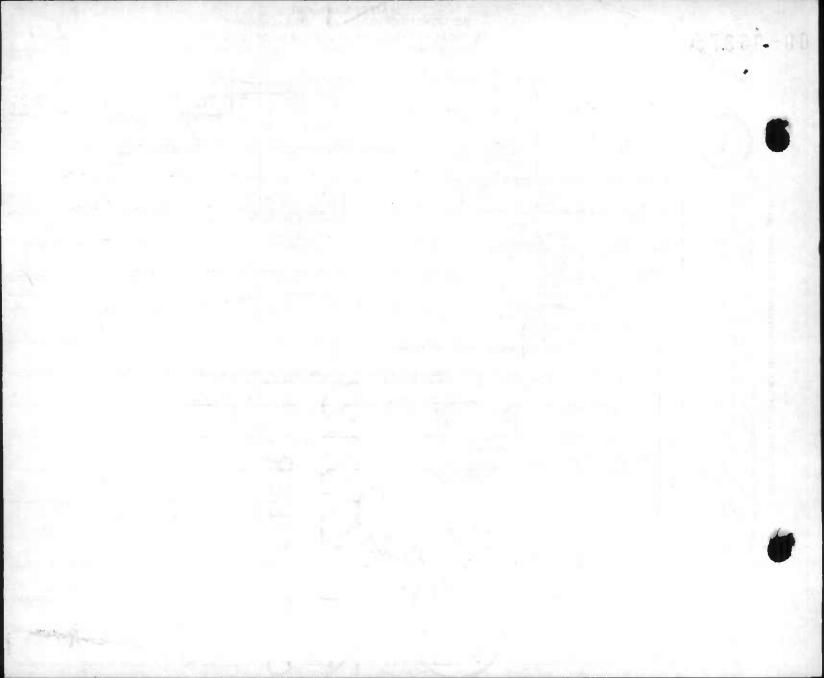
Baltimore Maryland

Zannino Funeral Home Street Joseph N.

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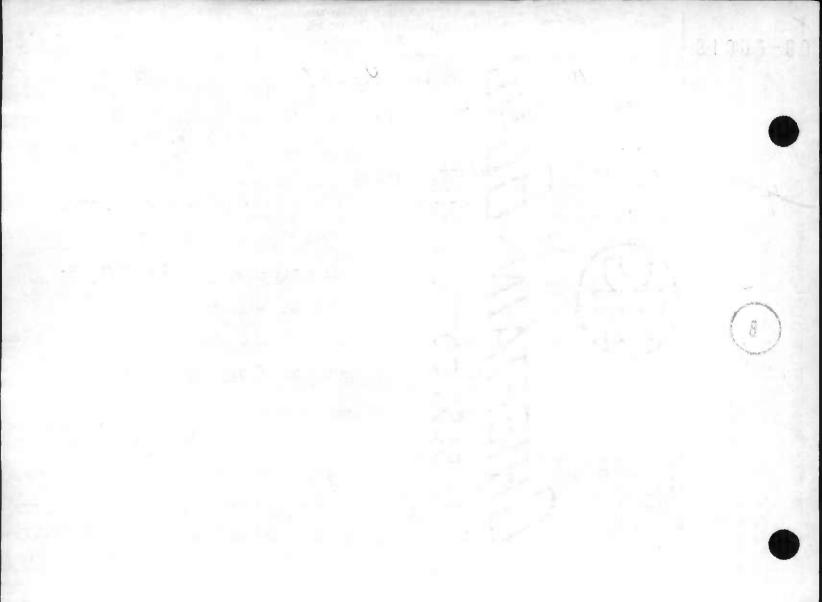
(VRA 15, 4)

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH ELIZABETH G. KELLER S' DATE OF BIRTH 4 RACE 6 AGE LIN YEARS LAST BIRTHD AV MONTH Sept. 2. 1935 White 50 Female I BIRTHPLACE I STATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED USA Baltimore City WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY MD State Supervisor Baltimore Good Samaritan Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Unemployment 1136 COUNTY 136. CITY OR TOWN 13d INSIDE CITY LIMITS? 1612 Ingram Rd., 21239 YES X 15. MOTHER'S MAIDEN NAME MIDDLE Ethel Schnabel George G. Garman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT LIFYES GIVE WAR OR DATES! 219 30 0960 Joseph P. Keller, Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS (MATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 9a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSYT b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not view the body ofter death and that in (my) (our) opinion death occurred of the date and hour and from the causes stated 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHY IC IN S NAME (TYPE OR PRINT 22e ADDRESS Good Samaritan Hospital, Balto. 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE STATE Balto. 5/29/86 Green Mount Cremation 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S DHMH - 16 60M 7/B4 Balto., MD 4905 York Road

	1			STATE OF MARYLAND			
436	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 O REG. N	1 3 8 2	3
deoth deoth	{ TYP(CEASED NAME FIRST DAVIZ	WIDDLE	KELLY		5 6 1986 1	OUR HO PM
or. p	3. SE	male	B/nek	5. DATE OF BIRTH		YRS.	DER 24 HRS 5 MIN.
13	5	COUNTRY) Md.	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED [Ralle	noce City	MD.
1/0	10.0	2aHimore	11. NAME OF HOSPITAL, NURS OF H	HOS pital	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		NESS OR
3	June :	ALRESIDENCE (IF NURSING HOMEOR	other institution of the residence before ITY 13 CAY OR TO	WE ADMISSION) 13d INSIDE CITY LIMITS: VES NO NO	13e STREET ADDRESS	Anne Rd / 21	1029
13	D.	THERS NAME WILLA	m O. Kell	15 MOTHER'S MAIDEN	ice Do	rsey LAST	
medico			MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 207-0	3-1100 Nobert	Kelly Son	same ds 7	#13
, cremation, or remaval other traumatic event, th		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEO	on atterosclo	vosis, m	arked APPROXIMATEIN BETWEEN ONSET AN	ND DEATH.
njury, or	NO NO	PART 2 OTHER STONIFICANT OF	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	rminal disease or con	NDITION GIVEN IN PART 1 0	
ows ony	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	YES NO NO	20b. IF YES, WERE FINDINGS US IN CERTIFYING COSES OF DE YES NO	ATH?
nem lo su	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	URRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PART 2)	
	MED	21d. IN JURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	FARM. ETC.)	CITY OR T	OWN COUNTY	STATE
frem 21 is mo		220 I certify that (I) (his haspit saw the deceased alive an above (I) we (did) (did not 22b. SIGNATURE	tall attended the deceased from	DEGREE		2 , 19 86, that (I) date and hour and from the causes 72C DATE SIGNE	
MPOKIAN	100	22d. PHYSICIAN'S NAME (TYPE OF	THICKEN	ATTENDING PHYSICIAN 22e ADDRESS	gnes Ite		76
≥	23a. l	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	-	NAME OF CEMETERY OR CREMATOR		nville, Woward,	STATE MD
31		UNERAL DIRECTOR NAME eorge R. Snowde	246 N. Wa	Difficult DC . a a	ATE REC'D. BY REGISTRA	N N REGISTRAR'S SIGNATURE	2

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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, pageshould be detached for use as the burial-transit permit. Then please remove corbanpopers. Pageshould be filled within 72 hours after dewith the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or other troumotic event. The medical examines not troe houring at once.
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STATE OF MARYLAND

1 -	STATE REGISTRAR			DEPARI	CERTIF	ICATE OF DEATH	REG. I	NO.	3	9	4 3
	EASED NAME	FIRST	,	AIDDLE	1	AST	20. DATE OF DEATH	MONTH	DAY YE	EAR 2	2b. HOUR
(TYPE	OR PRINT)	Raymond	Ed	ward	Ke	11y	5	-		1986	12596
3. SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1		HOURS MIN.
N	Male		Cauc.		6	4 1924	61	YRS		DAIS	MIN.
7a. BIR	THPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.		9 BALTIMORE CITY			TH	
	OUNTRY) laryland		U.S.A		WIDOWE	D 🔀 NEVER MARRIED 🗌	Baltimor	e Cit	У		MD.
	Y OR TOWN OF		(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE Key Med	T ADDRESS)	or other institution er	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Retired		LIFE) INDU	STRY	BUSINESS OR Motors
USUA 13a. S	L RESIDENCE (1	NURSING HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE BEFO							21222
	ary land	Ba l	timore	13c. CITY OR TOV	WN	13d. Inside city limits? Yes \(\text{NO \(\bar{\mathbb{K}} \)	13e STREET ADDRESS	ale A	ve., l	Balt	o. Md.
I. FA	THER'S NAME FIRST Edward		WIDDLE	Kell:	v	15. MOTHER'S MAIDEN NA FIRST Mae	WE		S.	i lhe	erzahn
160W	'AS DECEASED I	EVER IN U.S. AF	MED FORCES?	16b. SOCIAL SEC		17. INFORMANT	ADD	RESS			
(1)	ES, NO OR UNKNOW Yes	N) (IF YES, GI	E WAR OR DATES)	216-18	-0031	Marian D. Ke	11y -	Ba	1/ De:	lval ce.	e Avenue Md. 2122
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TIFICAL	190. DATE OF OF	PERATION	196. COND	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CER	YES, WERE F TIFYING CA YES []		
MEDICAL CERTIFICATION		CAUSE OF DE	sin	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	iury in item 1	8, PART I OR PA	RT 2)	
MEDI	21d. INJURY OC	CURRED OI WHILE	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR 1	OWN	COUN	ITY	STATE
	sow the de	eceosed alive or we) (did) (did no	,) /		,	d that in (my) (aur) apinion		dote and h			
	Colly 10	WE /	eulen	24		ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL ST.	AFF ICIAN [13	12-	2/86
	61		tez, M.I) .		3455 Wilken	s Avenue ,	Balt	o., Mo	1. 2	1229
23a. B	URIAL, CREMAT	ION, REMOVAL	23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COLINITY		STATE
	Buria		5/26/	/86 Sa	acred	Heart of Mary					re, Md.
	Walter		ki - 100	5 Dunda	lk Ave	nue 21224	AY 26 1986		ISTRAP'S SIC		

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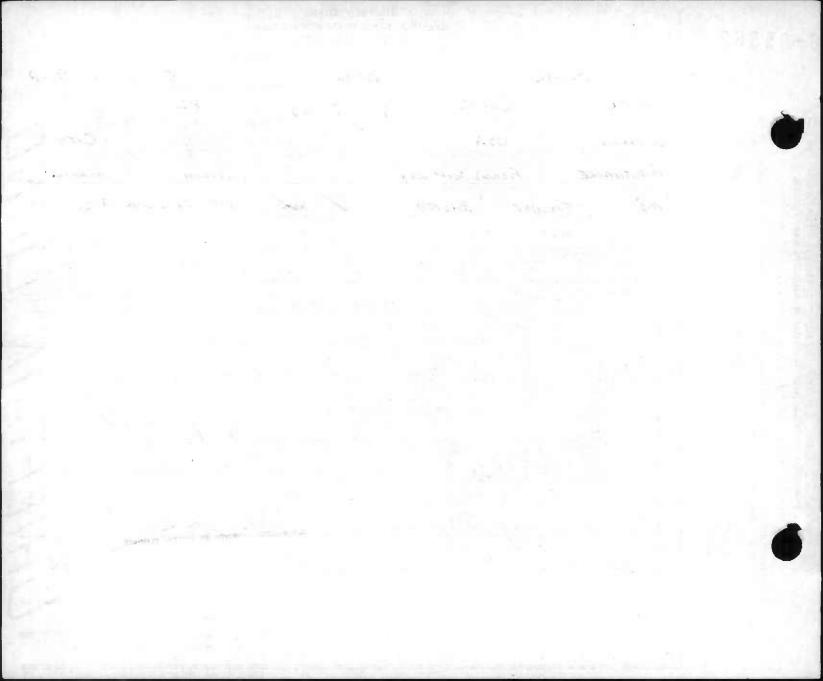
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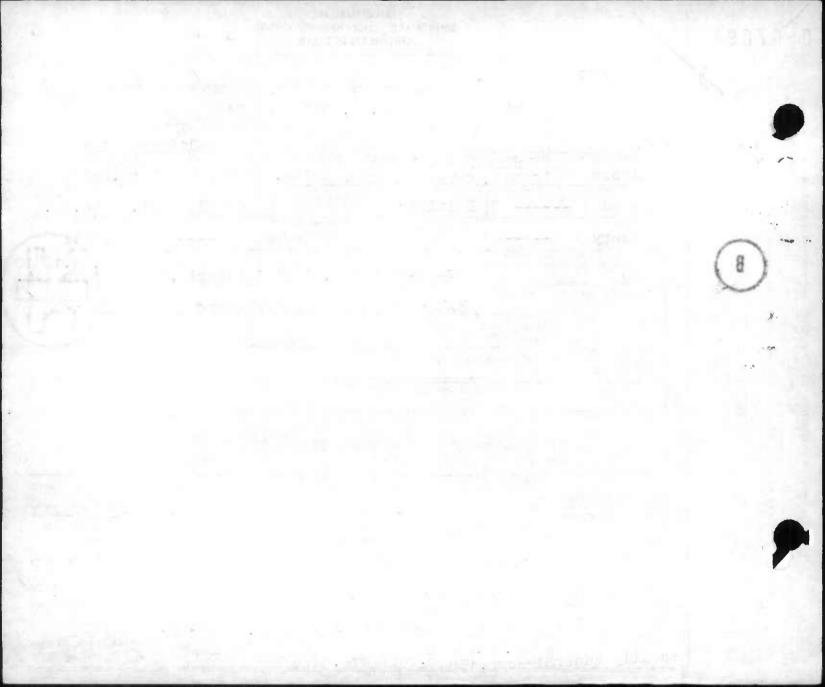
STATE OF MARYLAND

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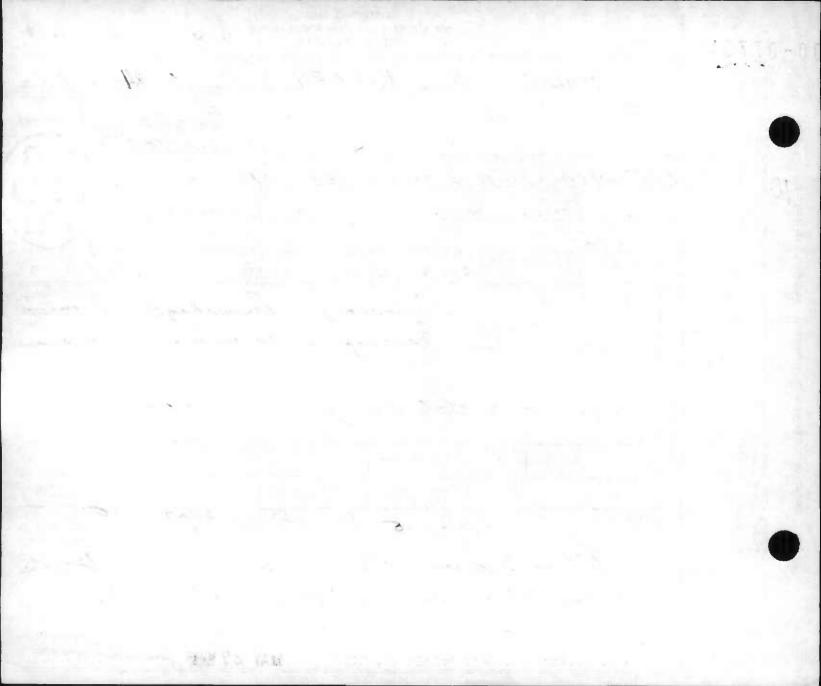
	1-	Female W				EALTH AND	MENTAL HYGI DEATH	ENE 3	REG. NO.	1	3 3	2 /
	(TYPE	OR PRINT) VERA		VIRIN	lk.	K	inp	2a. DATE OF	DEATH MON	5 DAY2	2 YEAR 8 6 2	1:450
	1.5E	Female	WHIT	E	5. DATE C		YEZR2 .	7		YRS MONT	HS DAYS F	FUNDER 24 HRS
		RIMPLACE (STATE OR FOREIGN COUNTRY) aruland	76 CITIZEN OF W	S.A.	MARRIE		MARRIED 🗍		recity <u>or</u> co timore		DEATH	MD
1	_	TY OR TOWN OF DEATH		SPITAL, NURSING				120 USUAL	CEPATION FOR MOST OF WO	RKING LIFE) II	ndustry Www. Hol	BUSINESS OR
2	13a S Ma	aryland Balt	other institution gi	Catons VA		13d INSIDE (NO		DDRESS / ZII	gton A	Avenue	21228
Z	1		MIDDLE C.	Cage			E MAIDEN NAM	AE .	MIDDLE H.		Daw	son
2			WAR OR DATES	66 SOCIAL SECUR 212-18-90		WM. M	orris Ki	emp	Same a	s # 1:	3	454
	NOIL	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last							e or conditi			
1	CERTIFICATION	19g. DATE OF OPERATION	196. CONDITI	ON FOR WHICH C	OPERATIO .	N WAS PERFO	DRMED	YES			ERE FINDING G CAUSES O	
1	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFE EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OI	. MONTH DAY	19	211 LOCATI	ON	ED (ENTER NA	TURE OF INJURY IN		ORPART 2)	STATE
		22a.1 certify that (1) (this hospi saw the deceased alive on above, (1) (we) (did) (did na	57	2186 19	, ar	nd that in (my	, 19) (aur) apinion d	eath accurre	d an the date o	and hour and		at (1) (we) last uses stated
1		Paul Paul TARPHYSICIAN'S NAME (TYPE O	R PRINT)	<u> </u>		22e ADDH	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	×	5 2°	2 86
		DONOVANI BURIAL, CREMATION, REMOVAL	23b DATE	TRIC 23c. N.	AME OF C	EMETERY OR	CREMATORY	740 23d. LOCA		p. 1	Baltim	ore,MD.
	A EI	Burial	5/26/8				Cemetery 250. DATE	y Bal	timore EGISTRAR 256.	DECISTRAD.	CCICNIATUE	yland
	10	eroy M. & Russe 630 Edmondson A	ll C. Wij	tzke Fune tonsville	ral mo	Homes 2	P. A. MAY	231	986	Lia David	S SIGNATUR	pletter

094	FOR 1 - STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE & 6	1 3 8 2 8
m# 1/	Y DECEASED NAME FIRST (TYPE OR PRINT) Vincent	MIDDLE	Kemp	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3	3. SEX	L .	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ector. p	Male	White	Aug. 30, 191 f	74 YRS	MONTHS DAYS HOURS MIN.
in 72 hou	Mary Land	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWEX DIVORCED		TY OF DEATH Ore City MD.
by the fu	Baltimore	1000 S. Caton Av	Hame or other institution of the second of t	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
filled in	Maryland 136 C	LE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A DUNTY 13 CITY OR TOWN Baltimo	ore YES A NO	600 Light S	21230 St.Balto.Md.
Sold Legis	A FATHER'S NAME HEnry	MIDDLE Kemy	o somether's maiden n		Carroll
8)	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	GIVE WAR OR DATES)		ADDRESS Beaver inia Norris.7	Falls, Pa. 1501
s been signed by the a rrmit. Then please remo prior to buriol, cremat s any injury, ar other tra	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse lost PART 2 OTHER SIGNIFICAL 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUEN	<u>ATH</u> BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b. IF Y	SIVEN IN PART 1:0 (ÉS, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
errificate ho ial-transit pe ntal Hygiene em 18 shaws			YEAR 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM)	YES NO
the buria and Ment	ON CONTINUOUS CAUSE OF	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FAR	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR: Aft for use os of Health	220.1 certify that Lifthis h	aspital) attended the deceased from and and 19 8	4-30 , 19-87 6 , and that in (ny) (our) opinion	on death accurred on the date and h	, 19 6 , that # (we) lost our and from the causes stated
RAL DIREC detoched tote Dept.	22b. SIGNATURE	Harlman,	DEGREE M.D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 5-18-86
TO FUNERA should be de with the Stot	JOHN F.	HARTMAN, M.D.			5. CATON AVE.
P	230 BURIAL, CREMATION, REMO (SPECIFY) Buria	1 5/21/1986 Ne		emt Balto Md.	21230 STATE
H - 16 60M 7/B4 (VRA 15, 4)	McCully Fune	Balto.Md.21230 ral Home.130 E.I		MAY 20 1083	DOMESTICAL PROPERTY.



0-0775	la la	1-	FOR STATE REGISTRAR	D		EALTH AND MENTAL HY ICATE OF DEATH	GIENE & O	1 3	3 2 4
9 2 2			CEASED NAME FIRST OR PRINT) MARI	MIDDLE	K	FNNEV		MONTH DAY YE	26 HOUR
ge 4 may be ector, poge rs ofter deat		3 SE		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
prooth. Pog	35		RTHPLACE (STATE OR FOREIGN OUNTRY) Md. TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COLUMN U.S. A	MARRIE WIDOWE		25 01 - 1 1	ore City	MD.
201 by the filed wif	37	6	ALTIMORE	MERCY	VE STREET ADDRESS)	PROTHER INSTITUTION	12a USUAL OCCUPATI	F WORKING LIFE) INDUS	
AMD 21 n 34 hps filled in hould be	35	13a S	Md. Bal		OR TOWN	13d INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS . 5 Arwell C	ZIP CODE t. Balto.,	Md. 21236
E, MARYL.	36	14. FA	THER'S NAME FIRST George	Jo	nes	15. MOTHER'S MAIDEN N. FIRST Mary	MIDDLE		e 1way
BALTIMORE, cate be execut ysicion and co	medicol Z		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCI	309614	Patricia Wa	allis 5 Arwe		36
PRESTON ST., the deoth certific the otherding phy remove corbonatemotion, or remo	her troumotic event, th		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Canditions, if any, which gove rise to immediate cause (a), stoling the underlying cause last.		Valence OF	agene "	Lemont	ge 5	PROXIMATE INTERVAL
ALRECORDS, 201 W the low requires that on. has been signed by permit. Then please ene prior to burial, cr	ows any injury, ar ath	CERTIFICATION	PART 2. OTHER SIGNIFICANT (hours of	structu	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR 20b. IF YES, WERE FI IN CERTIFYING CAL YES	NDINGS USED
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r aftending physicion. After this certificate has been signally as the buriol-transit permit. There as the buriol-transit permit. There is the and Mental Hygiene prior to b	ked or Item 18 sh	MEDICAL CER	270. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA OF CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE OCT WHILE AT WORK AN OFF	1	19	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		
AL OR ATTENDI the hospitol or tt DIRECTOR: A etoched for use te Dept, of Heol	TANT. If Item 21 is mark		22a. I certify that (I) (this haspi saw the deceased alive on abave, (I) (we) (did) (did no 27b. SIGNATURE	at) view the body ofter deal	19 96 a	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS	n death occurred an the d	22c C	that (I) (we) last in the causes stated DATE SIGNED
TO HOSPITA retained by TO FUNERA should be d	IMPOR	230.	Welliam L BURIAL, CREMATION, REMOVAL	S Davids	23c NAME OF C	Mercy EMETERY OR CREMATORY	/ tospita,	Bolto	- CANT
BP	_		Burial	5-28-86	Holy	Redeemer Cem.		COUNTY	Md.
DHMH - 16 60M (VRA 15, 4		24 F	JOHN C. Miller	Inc. 6415 B	elair Rd.		IAY 27 1986	25b. REGISTRAR'S SIG	Company of the Compan

STATE OF MARYLAND



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

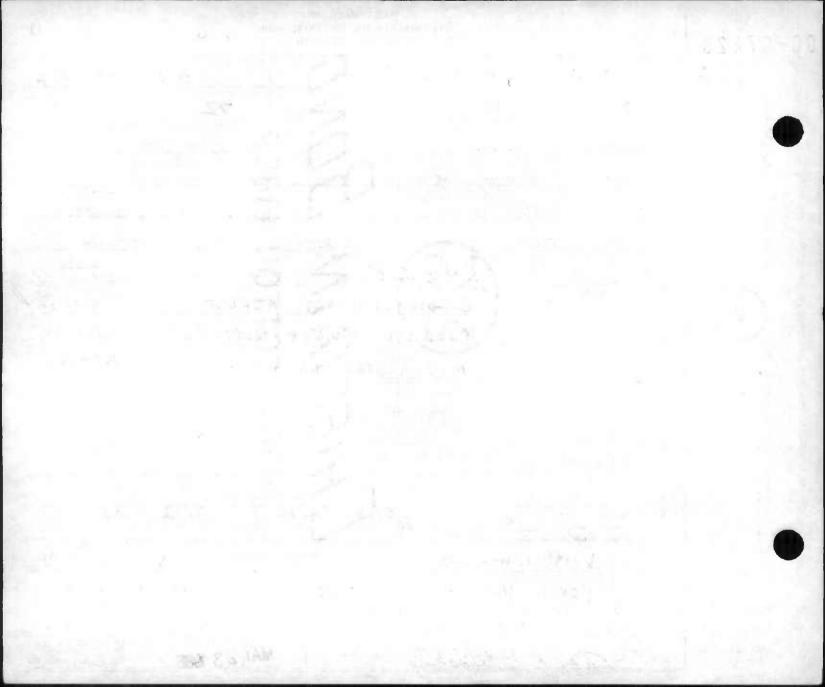
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	1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	1 3	త త	Ü
1		CEASED NAME FIRST	MIDDLE		VCL	20 DATE OF DEATH MO	/	EAR 26 HOL)R
-	(TYPE	ARTHU	IR JAMES	S	KERNS	5	113/8	6 5	AM
	3. SE)		4 RACE	S. DAT		6 AGE (IN YEARS LAST BIRTHD.		DAYS HOURS	24 HRS
		M	W	DEC	8 1913	72	YRS	DATS HOURS	MIN.
-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? 8		9 BALTIMORE CITY OR		TH	
5	_	ennsylvania	U.S.A.	MARRIE		BALTIMORE	CTTV		MD.
		TY OR TOWN OF DEATH	1. NAME OF HOSPITA			12a USUAL OCCUPATION	12b. K	IND OF BUSINI	
	F	Baltimore /	(IF NOT IN SUCH FACILITY,		-4 W1+-1	(TYPE OF WORK FOR MOST OF W		CHUR	СН
	USUA	AL RESIDENCE (IF NURSING HOME OF	University R OTHER INSTITUTION, GIVE RESID			Teacher (Bro	0	.S.F.S.	
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4		cyland Ce	cil Chil	Las	YES NO X	P. O. Box 13	32, Chile	ds.Md.	21916
/	7	FIRST	MIDDLE	LAST	FIRST	MIDDLE		LAST	
4			ames Kei	CIAL SECURITY NO.	Kathryn 17. INFORMANT	C. ADDRESS	Flah	erty	
2			IVE WAR OR DATES	1 -				21916	
		No	1/6/	4-10-0255	Rev. John Mel	loy, Religion	s Super	ior,Chi	lds,Md.
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (ED BY: (TE CAUSE (o)	APDIO PU	LMONARY 1	ARREST	BE	SPPROXIMATE INTE TWEEN ONSET AND 5/13/	
		Conditions, if any, which	DUE TO OR AS A C	CONSEQUENCE OF APILLARY	MUSCLE	RUPTURE		5/12/8	?6
		gove rise to immediate couse (a), stating the underlying couse lost.	10)	CONSEQUENCE OF		PCTION	Ę	5/918	6
	N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	ITING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ION GIVEN IN P	ART 1(o	
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE N CERTIFYING C. YES []		TH?
7	0.779	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIH	Y ONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR P	ART 2)	
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJU	RY	21f LOCATION STREET	CITY OR TOWN	COU	NIY	STATE
		22a.l certify that (I) (this hosp sow the deceased alive or above (I) we (idid tid in	6/1/2	ev/ °	nd that in (my) (our) opinion	to 5/1	3, 19_8	that (I) {	
		22b SIGNATURE	5 Vame M		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	N X 220	5/13/	86
1		224, PHYSICIAN'S NAME (TYPE		A	22e ADDRESS UNIV- O	F MARYLAI	VD HOSE	PITAL	
		BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 5/17/86	23c. NAME OF C	emetery or crematory	23d LOCATION Childs	Ceci	í M	d.
	24 F	UNERAL DIRECTOR	1		25a. DA	TE REC'D. BY REGISTRAR 75	. REGISTRAR'S S	IGNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

Hicks Home for Funerals, Applied Elkton, Md.

MAY 23 1986 - widown Nipulation



00-06431	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 6	10.	3	3 3 1
24 hours after death. Page 4 may be filled in by the funeral director, page 3 ould be filled within 72 hours after death must be callified a one.	3. SE. 70 BI	CEASED NAME FIRST OR PRINTS MILDRE	7b. CITIZEN OF U.S. 11. NAME OF (IF NOT IN SU	SINA!	5. DATE C MONTH 8 MARRIE WIDOWE G HOME C DDRESS)	ESSIER DAY YEAR 18 1910 DI NEVER MARRIED	REG. N 20 DATE OF DEATH 6 AGE (IN YEARS LAST BY 9 BALTIMORE CITY OF 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOMEMAK 13e STREET ADDRESS 4800	MONTH D. O 5 O RTHDAY) YRS OR COUNTY (I ON OF WORKING LIFE ZIP CODE	12b. KIND INDUSTRY	FUNDER 24 HRS HOURS MIN. OUT 100 OF BUSINESS OR
be executed within 24 on and completely fill 18. Pages 1 and 2 shoul e medicol examinet m	16a V	THER'S NAME FIRST VAS DECEASED EVER IN U.S. AR	MIDDLE RMED FORCES? VE WAR OR DATES)	16b SOCIAL SECUR		15. MOTHER'S MAIDEN NA FRST Delma 17 INFORMANT		ESS E		ers Ave.
equire the first of the certificate be executed within 24 hours in signer than 19 hours and completely filled in by Then begins and completely filled in by Then begins and completely filled in by the heart company corbon poppers. Pages I lond 2 should be fill injury, or other troumatic event, the medical examine must be a liquid by the complete troumatic event, the medical examine must be a liquid by the complete troumatic event, the medical examine must be a liquid by the complete troumatic event, the medical examine must be a liquid by the complete troumatic event, the medical examine must be a liquid by the complete troumatic event, the medical examine must be a liquid by the complete troumatic event, the medical examine must be a liquid by the complete troumatic events.	NO	PART 2 OTHER SIGNIFICANT (PART 2 OTHER SIGNIFICANT (There or support of the s	DUE TO, C	Meta Dr as a conseque Dr as a conseque	S Fa	NOT RELATED TO THE TERM			eal ()	
DING PHYSICIAN; The low required or attending physicion. After this certificate hos been signed to still be build-troast permit. Then both on Amenal Hygiene prior to be marked or Item 18 shows ony injury	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHEY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHALE AT WORK AT WORK AT WORK AT HORE 220 Certify that [1] (Hrs hosp	21b. TIME C HOUR A P 21e. PLACE (AT HOME ST	.M. MONTH DA .M. OF INJURY REEI, FACTORY, OFFICE FA	Y YEAR	216 HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE) CITY OR TO	IN CERTIFY YES JRY IN ITEM 18 PAI		INGS USED S OF DEATH? NO STATE
D HOSPITAL OR ATTENC formed by the hospital is O FUNERAL DIRECTOR. rould be detached for us with the State Dept. of Hee		sow the decorated plive on obove, (h. (ve) (did) (did no 22b. SIGNATURE	OR PRINT)	-/8 19	Lee	22e ADDRESS	death occurred on the o	FF L	-	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Ana tomy Board

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

5-8-86 Balto., Md.

23d. LOCATION CITY OR TOWN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE



(VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			- 9	-	- 1	i
5	6	3	3	O	J	
	REG. NO.					

44	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	10004
		CEASED NAME FIRST	WIDDLE		AST •	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
			ROME H. T.		DDER -	5	21 06 3:55 PM
X	SE	Male	Cauc.	Sept	. 26° 1914	6 AGE (IN YEARS LAST BIRTHDAY) 71 YR	
13	1	RTHPLACE (STATE OR FOREIGN OUNTRY) Canada	76. CITIZEN OF WHAT COUNTR	MARRIE WIDOWE	NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY OR COU	
14	В	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Union Memor	ial Ho		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Personel Man	
35	13a S	Md. Balt	imore Cockey	WN	13d. INSIDE CITY LIMITS? YES NOX		ODE Run Rd. 21030
30	1		aber Kidder		Evelyn	WIDDLE	Tyson
2	6a V	(ILVES ON THE PROPERTY OF THE	MED FORCES? 166 SOCIAL SE		Frances Tu	rnbull Kidder	
, au		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), ED BY:	rstit	al Preun	nonia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECT	cho Se	ppression	From Cheme	therapy
ınlury, a	ATION	PART 2 OTHER SIGNIFICANT	conditions contributing	7	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 11a
1	CERTIFICAT	190 DATE OF OPERATION	19b. CONDITION FOR WHIC				YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
18 g		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART ?)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2 15 mo	Ť.	22a. certify that (I) (this haspi saw the deceased alive an abave, Mywe (did) (did no	ital) attended the deceased from	OF .	d that in (aur) apinion	death occurred an the date and	
JT: If her		2) SIDNEATURE Dais	m. Ich		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/21/76
T AND T		22d. PHYSICIAN'S NAME (TYPE O	M Hahn		5601 Loc	L Raven Si	lul 21239
4	23e E	urial, cremation, removal Cremation	5-22-1986	Preen		23d LOCATION CITY OF TOWN Baltimore C	
1 7/B4		INERAL DIRECTOR	ins & Sons 🐯		Road 256. DAT	TE REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE

Henrick Faber id er volva

Cremetion F 2 1 std Green Dunk 45 T York Ford

Henry W. Janaine & Sons Cp. Balto. WH.

Itin ore Union Man onial Hospital Par onal Man. Utility Co.

Year WW 11 124 14 Her Frince Turnul idder and a 12e

Estimona cib

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Ne. Estinore Coke ville x 1701 / etern Fun Fr. 1100

THE RESIDENCE OF THE PROPERTY
IMPORTANT: If them 21 is marked or Item 18 shows any

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

1-17017

FOR - STATE

STORE DEPRENTS

REGISTRAR

DECEASED NAME

John

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

0 REG. NO

MONTH

26 HOUR

YEAR

20 DATE OF DEATH

12	SEX	4 F	RACE	5. DATE OF BIRT	Н	6 AGE (IN YEARS LAST BIRTHDAY					
П		male.	White	MONTH _	21 -10	67	MONTHS DATS HOURS MIN.				
47	5. BIF	THPLACE (STATE ON FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8.	a	BALTIMORE CITY OR CO					
1	h	norwhand	USA.	WIDOWED TO	DIVORCED	Paltingo	Cikl MD.				
t	0.CD	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING			12a USUAL OCCUPATION	126 KIND OF BUSINESS OR				
1	B	altimore 1	(IF NOT IN SUCH FACILITY, GIVE STREET A	PRODA	1 Hospital	(TYPE OF WORK FOR MOST OF WOR	INDUSTRY				
4	SUA	L RESIDENCE HE NURSING HOME OR OTH	ER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	1 110 Syllia	Drik40109	7/774				
V	4	ARYAND 136 COUNTY	BA / FIN	YOR C YES	NO [373/E/	SUPPRED ST				
1	i	NA MACE MIDE	Kies:	fee	Ruth	MIDDLE	McCOWAS				
1)		(AS DECEASED EVER IN U.S. ARMEI ES, NO OR HAKNOWA) (IF YES, GIVE W.		3599 1-	IR. FRAN	NK Dehm	75. ROBINSON ST 21224				
ſ		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	ine couse per line for (a), (b), and Y:	_			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
L		IMMEDIATE C	AUSE (0)_ Carel	ac ar	r each						
1		Control of the Art	DUE TO, OR AS A CONSEQUE	CE OF	LOJOUE	- Edistoticil	Le				
		Conditions, if ony, which gove rise to immediate	(b) (CON)	01000	ECCFIT	- COMPLET	0				
1		couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF									
Т	3	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO									
	Z	Section 1 and 1 an									
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WA	SPERFORMED		. IF YES, WERE FINDINGS USED				
1	Ĭ					YES NO 3	CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc				
5	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c.1	HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN IT	TEM 18 PART OR PART 2)				
	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	T TEAK							
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211_1	OCATION	CITY OR TOWN	COUNTY STATE				
ı	Σ	WHILE NOT WHILE AT WORK	JAT HOME STREET, FACTORY, OFFICE, FA	RM ETC }	SINCE	CITORIONA	31212				
1	31	22a.1 certify that (1) (this hospital)	ottended the deceosed from_	5-14	- , 19 8	6. to 5-17	, 19 80, that (I) (we) lost				
ı		sow the deceased alive on obove, (1) (we) (did) (did not) vi	S-17 19	36, and that	in (my) (our) opinion o	death occurred on the date or	nd hour and from the couses stated				
1		226. SIGNATURE	/ /	DEGRE	E	Sales	22c. DATE SIGNED				
I	- 19	Aulale.	P. Shah-		ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN					
1		22d. PHYSICIAN'S NAME (TYPE OR PR	INT)		ADDRESS	. ^ /					
1		DK. GU	LAB . M. SH	AH 2	2105, N.	CHARLESS	,,,				
2			236. DATE 23c. N	AME OF CEMETE	RY OR CREMATORY	23d LOCATION					
1	34	CREMATION.	5-19-86 50	COURIY	V Proces	S Dry Haye	LEC MARVIAND				
2	4 FU	MERAL DIRECTOR	2	635 Co	Ut live 250. DATI	E REC'D. BY REGISTRAR 256. R	REGISTRAR'S SIGNATURE				
-	10	oseph N. ZA	NNIND JR	21224	SY MA	Y 20 1986 Ju	hie Davidson-Rondalla				
-											

Wall Ace 1 The the Code of the Level markets December Land HE E Branning -Holes 4 Shed-It is the was in shappy soil or william is I.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

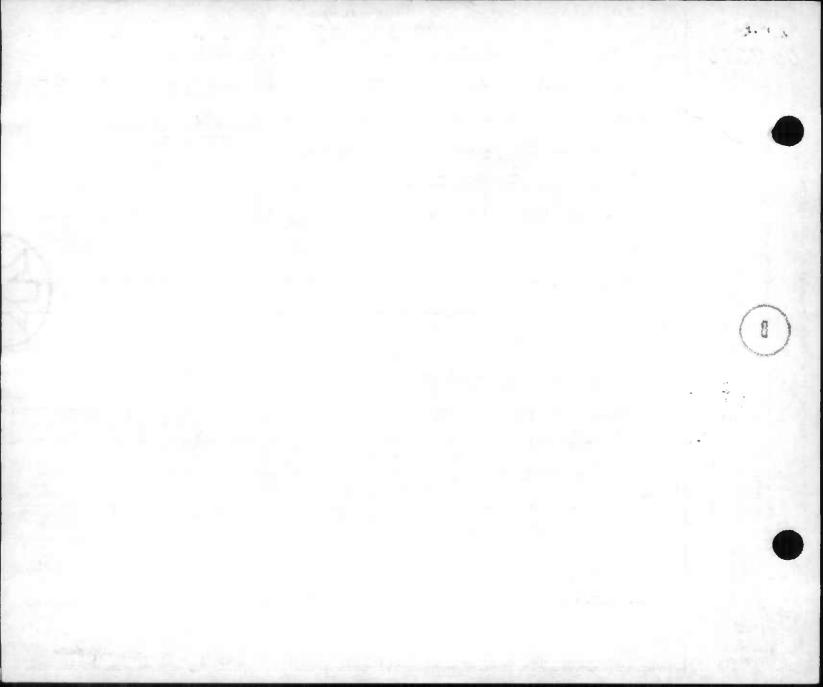
DHMH - 16 60M 7/84 (VRA 15, 4) FOR DEPARTMENT
1 - STATE
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8	ć)
	REG	NO

3 8 3 4

- 1		REGISTRAR			REG. NO.								
1		CEASED NAME FIRST		MIDDLE	L	A5T		2a. DATE OF DEA	TH MONTH	DAY	YEAR	26 HOUR	
	DAMS	MARGAR	5/T	A	KI	LGUS			5	12	80	945AM	
	3. SE7	x .	4. RACE		5 DATE C	F BIRTH	YEAR	6 AGE (IN YEARS)	IST BIRTHDAY)	IF UND	ER I YEAR	IF UNDER 24 HRS	
-		Fem.	Cau.		3	7	03	8	3 YRS				
P		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 AAA PRIE	□ NEVER	MARRIED -	9 BALTIMORE C	TY OR COUN	TY OF D	HTA		
2		Md.	U.	S.A.	WIDOWE		IVORCED	BALTIMO	RE CITY	Z		MD.	
	10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	12a USUAL OCCU			KIND O	F BUSINESS OR	
Ė	В	BALTIMORE		MEMORIAL		TAL		Homemak) (II (203181		
C		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION		ADMISSION)	13d INSIDE	TITY LIMITS?	13e STREET ADDR	ESS / 7IP CO	DE			
2		Md.		Balto.		YES St	NO 🗌	2405 Hem			21214	4	
	14. FA	ATHER'S NAME		LAST		15. MOTHER	S MAIDEN NA	ME					
0		Paul	MIDDLE	Gro	99	T.c	ouise	MID	R.		LAST	ubeck	
		WAS DECEASED EVER IN U.S. AI		166 SOCIAL SECU		17 INFORM		Α	DDRESS			abeen.	
	()	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	212-03	-5687	Dr P	211 W 1	Bushman 3	204 Wa	etfi	14	Δτο 212	
1		18. CAUSE OF DEATH (Enter o	nly one cours ner	line for (o) (b) on	dici	DI. I	aul w.	busililari 3	204 NC			MATE INTERVAL DISET AND DEATH	
		PART I. DE ATH WAS CAUS	ED BY:	2011.	1	Pari	0.100				BE I WEEN C	INSET AND DEATH	
		IMMEDIATE CAUSE (0) REPUBLICATION JOLIUM											
1		Conditions if any 11th	DUE TO, O	R AS A SONSEQUI	WMONICE.					10	dans		
		Conditions, if any, which gave rise to immediate	(b)_								100	rours	
		couse (a), stoling the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF ADVIA DOLL DOLL DOLL DOLL DOLL DOLL DOLL DOL											
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART \$10											
	Z O				001		, 10 11 E 1E1111		201101110111	51121111	, , , , , , , , , , , , , , , , , , , ,		
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERF				YES, WERE FINDINGS USED			
1	NH.	1					YES NOW YES T			OF DEATH?			
-	CER	210. ACCIDENT WAS UNDERLYING	216. TIME C			21c HOW IN	NJURY OCCURE	RED (ENTER NATURE C	F IN URY IN ITEM I		RPART 2)		
1		OR CONTRIBUTING CAUSE OF DE	AID .	M. MONTH D	AY YEAR								
	MEDICAL	21d. INJURY OCCURRED	21e PLACE		19	21f LOCATI							
	Z	WHILE NOT WHILE AT WORK	(AT HOME STI	REET, FACTORY, OFFICE F	CE FARM, ETC.) STREET			CITY OR TOWN			COUNTY STATE		
		AT WORK AT WORK	ital) ottended th	e deceased from	Afore	30	1086	in Ma	4 12	10 8	6	that /I) (we) last	
		saw the deceosed alive an 5-12 1986 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated											
		abave, (1) (we) (did) (did not) view the body after death. 27b. SIGNATURE DEGREE									2c DATE	SIGNED	
		ATTENDING _ MEDICAL _ STAFF \								5	12-26		
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRES	PHYSICIAN [] DIRECTOR [] PI	ITSICIAN		0 -	100	
Ì,													
-	23n B	BURIAL, CREMATION, REMOVAL	23b DATE	1 22. h	NAME OF C		CREMATORY	ITY PARKY					
		CHICIFY)						CITY OR TO	WN	COUN	4TY	STATE	
	24 FL	Burial UNERAL DIRECTOR	5-14-8	oo ist	. Mat	thews (Balt E REC'D. BY REGIS		ISTRAR'S	SIGNAT	Md.	
		NAME		ADDRESS	D.1	1006	MAN	1201000		Davidse			
1	Jo	ohn C. Miller I	nc. 641.	Belair	Rd. 2	1206	- IVIA	1 U U 130					



STATE OF MARYLAND REG. NO 20. DATE OF DEATH MONTH 2b. HOUR 5 12 86 IF UNDER) YEAR FUNDER 24 HRS. 6. AGE (IN YEARS LAST BIRTHDAY) 58 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife 13e. STREET ADDRESS 1534 Baldwin Street MIDDLE Cameron ADDRESS George H. Kinlein, Sr. 1534 Baldwin St. 21211 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Olon Carinoma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 5/15/86 Moreland Mem. Pk. Baltimore 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE A. Alan Seitz, Jr. 3818 Roland Ave. 21211

DHMH - 16 50M 4/82 (VRA 15. 4)

BP

23a. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24. FUNERAL DIRECTOR

Mary Survey Surv Lange Market Asset Bur I John Jan The state of the s

1 - STATE 00-0897

pletely filled in by the funeral director, page 3 and 2 shauld be filed within 72 hours offer death

death. Page 4 may be

executed within 24 hours offer

requires that

PHYSICIAN: The low offending physician.

OR ATTENDING the hospital or

HOSPITAL TO HOSPITAL

BP

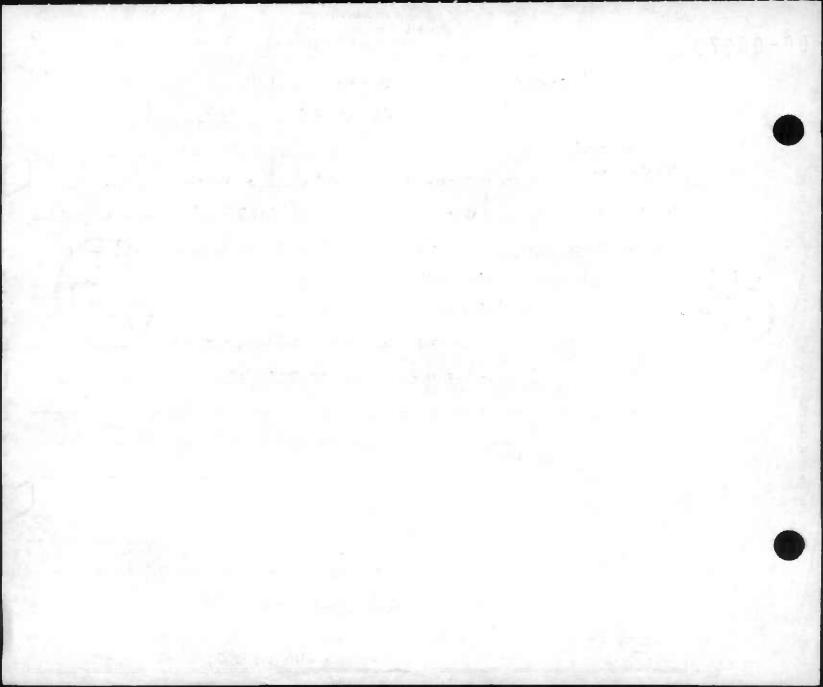
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

)	REG. N	0.	i		3	8	3	6
E	DEATH	MONTH	DAY	1	YEAR	2 h	HOLLB	

	CEASED NAME											
	OR PRINT)	FIRST		MIDDLE	4	LAST		20 DATE	OF DEATH	MONTH	DAY YEAR	2b HO
,	ORPRINI	Howa	ird		1	vd~:>	/	•		5/2	7/86	12
3 SEX	(RACE		5. DATE	OF BIRTH		6 AGE (N YEARS LAST B	RTHDAY	UNDER I YE	
	u		u	ر	MON	0 DAY	1/20 YEAR		65	YRS	MONTHS DA	HOURS
	RTHPLACE (STATE OR	FOREIGN 7b		WHAT COUNT	TRY? 8	ISO T NEVE	ER MARRIED	9 BALTIN	ORE CITY	OR COUN	TY OF DEATH	
	MAKULA	1:	U.S.		WIDOW	VED 🗌	DIVORCED []	Balto			
1/16	saltimore	ATH S		HOSPITAL, NU			HOSP	(TYPE OF W	OCCUPA OF FOR MOST	TION OFWORKING		OF BUSINGY Inip
USUA	AL RESIDENCE (IF NURS	SING HOME OF OT	HER INSTITUTION			()			1,000		212	200
130. S	enel and	13b COUNTY		13c CITY OR			NO T		T ADDRESS	/ ZIP CO	DE (2.1.2	S
	THER'S NAME			Balle	more	YES NOTH	ER'S MAIDEN N	137	- 1 3		co-102	
3/17	ROBERT	MID	DDLE	V LAST		IJ MOTH	FIRSEVE		MIDDLE		10	LAST HO
- 3	unknow	\sim T	1	Hist	Ye	- 1	Muor		100	2500	- 1	-60
	VAS DECEASED EVER	(IF YES, GIVE W		166 SOCIALS	SECURITY NO.	17 INFOR	TNAM	1329	ADDI	S.	Char	les
	Yes	WWI	I	unku	00-	Mr	. Marv	in Ki	rby	Balt	O. M	d.
	18 CAUSE OF DEAT	H (Enter only	one couse ne	r line lor (o) (b	ond ic:						APPI SETWE	OXIMATE INT
	PART I. DE ATH W	IMMEDIATE (Condi	distan-		aV a	me. 3	1			
	underlying couse	ng the	DUE TO, O		EQUENCE OF	1						
5	PART 2. OTHER SIGN	e lost.	(c)	Door	hie	Ly P	ruepl TED TO THE TER	MINAL DISE	ASE OR CO	NDITION (SIVEN IN PART	Ira
ION		e lost.	(c)	Door	hie	LY PA	enept TED TO THE TER					
IFICATION		NIFICANT CO	nditions <u>c</u>	Door	TO DEATH BL			20a AL	JTOPSY?	20b. IF Y	res, were fin Tifying cau:	DINGS USI
ERTIFICATION	PART 2. OTHER SIGN	e lost. NIFICANT CO	nditions <u>c</u>	ONTRIBUTING	TO DEATH BL	on was per	RFORMED	20a AL	JTOPSY?	20b. IF Y	YES, WERE FIN TIFYING CAUS YES []	DINGS USI SES OF DEA NO
CERTIFIC	PART 2. OTHER SIGN	E TOST. NIFICANT CO TION DERLYING CAUSE OF DEATH	i9b COND	ONTRIBUTING	HICH OPERATI	ON WAS PER		20a AL	JTOPSY?	20b. IF Y	YES, WERE FIN TIFYING CAUS YES []	DINGS USI SES OF DEA NO
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9 3	PART 2. OTHER SIGI 190 DATE OF OPERA 210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. IN JURY OCCUR	E last. NIFICANT CO TION DERLYING CAUSE OF DEATH ICAL EXAMINER) RED	19b COND 21b TIME C HOUR A P	ONTRIBUTING OITION FOR WE OF INJURY .M. MONTH .M.	HICH OPERATION DAY YEAR	ON WAS PER	rformed V Injury Occu	20a AL	JTOPSY?	20b. IF Y IN CER	YES, WERE FIN TIFYING CAUS YES []	DINGS USI SES OF DEA NO
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Anatomy Board



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OR ATTENDING PHYSICIAN: The law requires that the death

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STATE OF MARYLAND

PARTMENT	OF HEA	ALTH AN	D MENTA	L HYGIENE
CE	RTIFIC	ATE O	F DEATH	

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REG. NO.	- 1	U			,

	REGISTRAR	CERTIFICATE OF DEATH REG. NO.	100
	ECEASED NAME PE OR PRINT) Cha	entes P. Klemmick 3/10/86-	2b t
1. SE	m	RACE S DATE OF/BIRTH SENTENCE OF STREET OF STR	
1	all. Mel.	76. CITIZEN OF WYAT COUNTRY? 8. MARRIED WIDOWED DIVORCED DIVORCED	ty.
00	BULL .	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET, AFBRESS) OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADJUNCTION)	F. Petrus
5	ATHERS NAME	UNITY I I I I I I I I I I I I I I I I I I	hert St
160	WAS OF SED EVER IN U.S. A		1 2123
	18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS		432 Jan APPROXIMATE BETWEEN ONSET
	Canditions, if any, which gave rise to immediate	DUE TO, OR LA CONSEQUENCE OF malignant meningrama	
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
NOI	underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)	
RIFICATION	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO	F YES, WERE FINDINGS I RTIFYING CAUSES OF D YES \(\text{ NO.} \)
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TO HOSPITAL

DHMH - 16 60M 7/84

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requires that the death certificate be executed within 24 hours after death

ENDING PHYSICIAN, The low

TO HOSPITAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After the central test been speed by the offending physician and cannot be defined by the control part of the place remove corbanipapers. Pages with the State Dept of Health and Mental Pygiene prior to buriol, cremation, or removal.

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MPORTANT. If them 21 is marked gir them 18 sha

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- STATE REGISTRAR			DUTAKI	CERTIF	ICATE OF DEATH	8 REG	10.	38:	39	
1. DECEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YE	AR 2b.	HOUR
,,,,,	Mary		Ann	K	Lingmeyer		May	31 19	986 8	3:55pm
3 SEX		4 RACE		S. DATE C		6 AGE (IN YEARS LAST I	IRTHDAY)	IF UNDER 1	YEAR IF U	UNDER 24 HRS
Female		White		MONTH	31 1896	90	YRS		HO HO	URS MIN.
To. BIRTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	O LUEVES LOSSES O	9 BALTIMORE CITY			H	-
Marvland		U.S.A.		WIDOWE	D NEVER MARRIED	Baltimo	no Ca	tu		MD.
10. CITY OR TOWN OF		11. NAME OF (IF NOT IN SUC	H FACILITY, GIVE STREET	NG HOME O	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS	TION OF WORKING	12b KI		JSINESSOR
Baltimo.		Beli	rin Convo	ilesar	ium	Housewife	2			
13a. STATE	13b COU	INTY	13c. CITY OR TOV		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CC	DDE		
Maryland			Baltimo	re	YES 🔀 NO	634 S. Ke	nwoo	d Aven	ue	2122
George		MIDDLE	Behren	S	15. MOTHER'S MAIDEN NA FIRST Philomen	MIDDLE		В	LAST OWERS	s
160 WAS DECEASED E			166 SOCIAL SECT		17 INFORMANT		RESS			
(YES NO OR UNKNOW!	N) (IF YES, G	IVE WAR OR DATES)	213-74-	7970	Gloria Aull		C.	ame as	130	
			lipe,for, 194, 1979 or		GIOLIA AULI		50			E INTERVAL T AND DEATH
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OR COLUMNIA IN LO		HOUR A	DE INJURY M. MONTH D M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	IURY IN ITEM	18 PART I OR PAI	RT 2)	
(IF EITHER NOTIFY 21d INJURY OC	CURRED	21e. PLACE	OF INJURY CTORY, OFFICE.	FARM ETC)	211 LOCATION STREET	CITY OR	OWN	COUN	IA	STATE
220 I certify the now there oboye (1) is	representative	the body	deceased fram.		nd that in (my) (aur) opinian	death accurred on the		19 naur and from		(I (we) lost ses stated
775 SIGNATUR	1	me	_			MEDICAL ST DIRECTOR X PHYS	AFF ICIAN []	5	31	1/20
	E. Ri	vera		>	220 ADDRESS 54 Scott Au	MATERIAL PROPERTY IN THE PARTY PROPERTY AND ADDRESS.	ckey	sville	, Md.	21030
230 BURIAL, CREMATI (SPECIFY)	ION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY		STATE
Burial		6/4/19	986 M	leadow:		Dorsey		oward		ryland
24 FUNERAL DIRECTO				1	J	TE REC'D. BY REGISTRA	R 256 REG	ISTRAP'S SIC	NATURE	infolis
7922 Wise	Avenue	Dunc	lalk. Mar	vland	21222	0 100	90			1

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E. C. Caroli. Tom Makhael negetia.

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Leonard J. Suck, Inc. Saltimore, Maryland

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UST., BALTIMORE, MARYLAND 21201	e executed within 24 hours ofter		the physician and completely filled in by the changagets. Pages, I and 2 special be filled as
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	OK ATTENDING PHYSICIAN: The low requires that the deliberation of the death. Page 4 may be	hospital ar attending physician.	VIRECTOR: After this certificate has been signed by the offinial many principle of the companies of the signed of the signed for use as the burial-transit permit. Then please remaining a principle of the signed for use as the burial-transit permit. Then please remaining a principle of the signed for use as the burial-transit permit. Then please remaining the principle of the signed for use of the principle of the principle of the signed for use of the principle of the signed for use of the principle of the p
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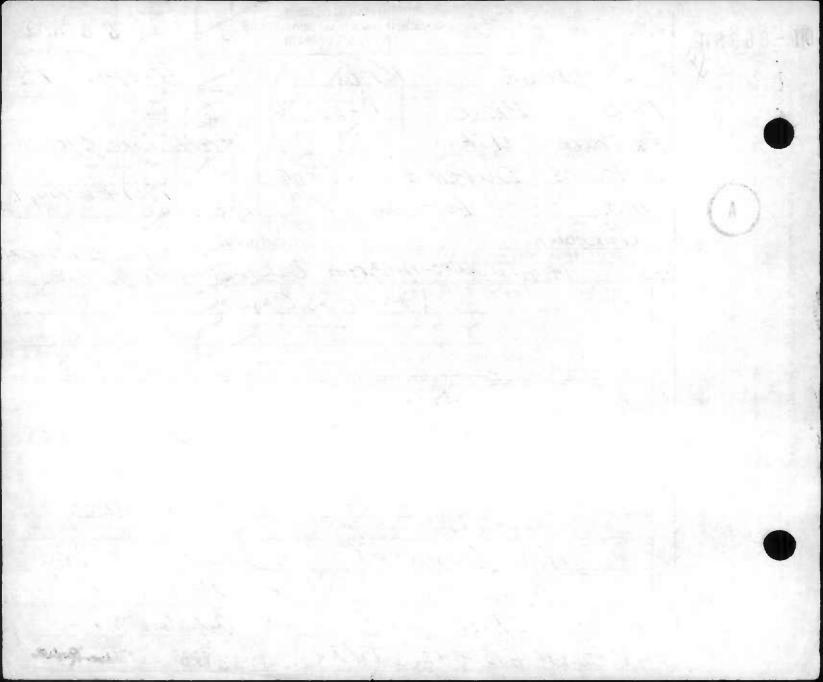
1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	13841
	CASED NAME FIRST Charl	MIDDLE	Knox	REG. NO.	DAY YEAR 26 HOUR 14 86 114 34
3. SEX		A RACE White	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Ta. BIF	RTHPLACE (STATE OR FOREIGN POINTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
TAL CIT	YOR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126 KIND OF BUSINESS OR INDUSTRY Dairy
USUA 13a. S		ROTHER INSTITUTION GIVE RESULTION	138 INSIDECITY LIMITS?	130 STREET ADDRESS / ZIP COL	Farming DE 2160
Z ZA	THER'S NAME FIRST Var Field	c knox	15 MOTHER'S MAIDEN NA Coetherine	MIDDLE	Rue back
	AS DECEASED EVER IN U.S. AI ES. NO OR UNKNOWN)	RMED FORCES? 166 SOCIAL SECUI VE WAR OR DATES) 216-28-5		^{ADDRESS} 154 e R. Knox,Whitef	
event,	PART I. DEATH WAS CAUS	nly one cause per line for 101, (b), one ED BY: ITE CAUSE (o)	2 0 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Tournous	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE			5 days
0 0	couse (0), stating the underlying couse lost.		a carrial or	neursyn	7.
S shows ony injury,	190 DATE OF OPERATION	196 CONDITION FOR WHICH	PEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	216. TIME OF INJURY	al themsem as all terms of the property year 211 HOW INJURY OCCUR		ES NO
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S I S MOTR	22a.1 certify that ((this hasp	ital attended the deceased from	May 775 19 80	e, to May 19 deoth occurred on the dote and ha	thotel (we) lost our ond from the couses stoted
E 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	226 SIGNATURE	Whether death.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 5
7	Robert W.	Nudeman	Partimo	S. Greene	5+
23a. B	urial, cremation, removal Burial	5-17-1986 Wa	ame of cemetery or crematory ugh Chapel U.M. Ce		Balto. md. State
	F. LASSAHN,	11750 Belgirokb.	2/087 MD 250. DA	TE REC'D. BY REGISTRAR 256, REGIS	STRAR'S SIGNATURE



0 -	0635	η ,	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	1 3 8	4 2
,	ooth. Page 4 may be nerol director, page 3		3 SE	CEASED NAME FIRST OR PRINT) X MAKE RTHPLACE STATE OR FOREIGN OUNTRY)	A RACE 14 RACE 15 CITIZEN OF WHAT COUN	S. DATE OF BIRTH MONTH JTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED		YRS DATS	POURS MIN.
MARYLAND 21201	ofter de l'accepture	iner must be aptified a	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE IN THE STATE IN TH	OR OTHER INSTITUTION, GIVE RESIDENCE INTY	URSING HOME OR OTHER INSTITUTION STREET ADDRESS BEFORE ADMISSION 13d. INSIDE CITY LIMITS? YES D NO		VORKING LIFE) INDUSTRY	217
BALTIMORE, MAR	cote be executed ysicion and conicopers. Pages 1 cm	nt, the medical exam	11/1	VAS DECEASED EVER IN U.S. AI YES, NO OF UNKNOWN) 18 CAUSE OF DEATH :Enter o PART I. DEATH WAS CAUS	RMED FORCES? 166 SOCIAL IVE WAR OR DATES) 200-	SECURITY NO. 17 INFORMANT -12-5319-A DUK	ADDRESS ADDRESS ADDRESS	Homes (ch	elorist (ut.)
, 201 W. PRESTON ST.,	res that the death certifinated by the attending phypicose remove carbon provinal, cremotion, or remounal,	y, or other troumotic ever		Conditions, if ony, which gove rise to immediate cause to, stating the underlying cause lost.	DUE TO, OR AS A CONS b) DUE TO, OR AS A CONS		MINAL DISEASE OR CONDIT	FION GIVEN IN PART 1 (c	
OF VITAL RECORDS,	CIAN. The low required physicion. physicion. prificate has been significated by the priority permit. Then the Hygiene prior to be	Item 18 shows ony injur	AL CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	196 CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH	HICH OPERATION WAS PERFORMED 1 DAY YEAR 21c HOW INJURY OCCUR	20a AUTOPSY? 2	206. IF YES, WERE FINDIN CERTIFYING CAUSES YES []	IGS USED
DIVISION OF VIT	L OR ATTENDING PHYSIGH the hospital or attending L DIRECTOR. After this ce stoched for use as the buring to Dept. of Health and Men	If Item 21 is morked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 270 Certify that (1) (this hosp sow the deceased glive or	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	rom 19 St. 19 ond that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STAFF	ond hour ond from the c	
	TO HOSPITAL retained by the TO FUNERAL should be determined by the the State.	IMPORTANT	23a E	228. PHYSICIAN'S NAME (TYPE URIAL, CREMATION, REMOVAL SPECIFIE	MANICOM	PHYSICIAN PHYSIC	PHYSICIAL PHYSIC	NE GCM	STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

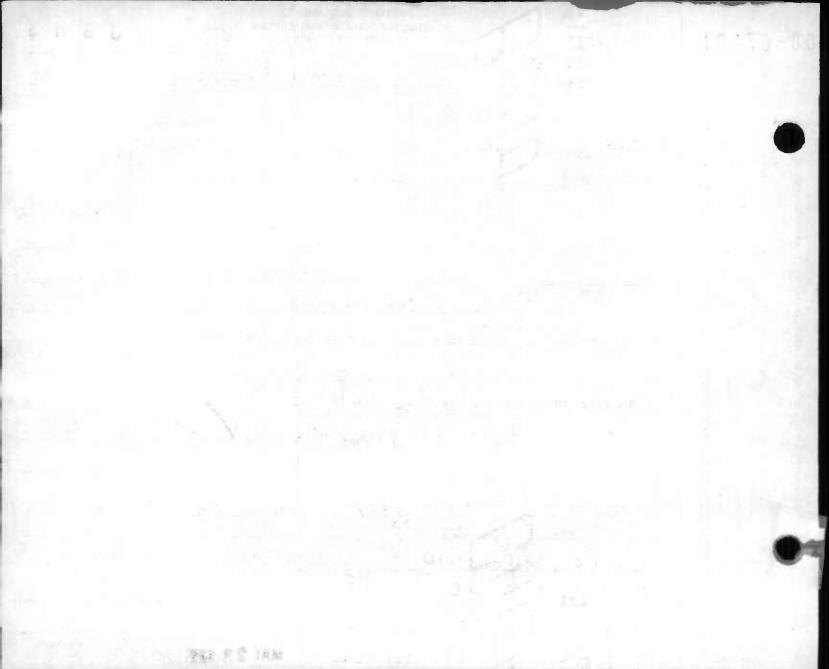
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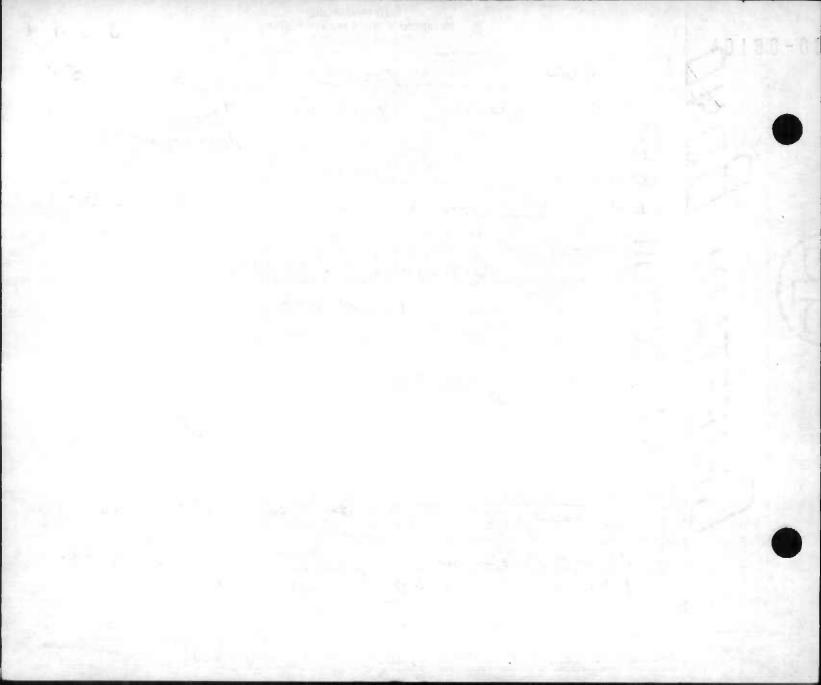
MArch Funeral Homes 1101 East North Avenue

(VRA 15, 4)

STATE OF MARYLAND



1-06104	FOR STATE REGISTRAR		DEPARTA	MENT OF HEALT	MARYLAND H AND MENTAL HYO TE OF DEATH	Ö	6 G. NO.	1 3	8 4 4
3 T 4 7	T. DECEASED NAME	FIRST	MIDDLE	LAST	051	2a DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
The state of the s	3. SEX	4 RACE)hi te	5. DATE OF BIR	TH DAY YEAR	6 AGE (IN YEARS L)	AST BIRTHDAY)	IF UNDER LYEAR	
	70. BIRTHPLACE (STATE OR ESTONIA	FOREIGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CI	_	TY OF BEATH City	7, MD
	10 CITY OR TOWN OF DE	IMMA (IENOT IN SUC				OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK FOR WOST OF WORKING LIFE) INDUSTRY HOMEMAKER 1			OF BUSINESS OR
AND 21	130. STATE	NG HOME OF OTHER INSTITUTION BALTIMORE	13c. CITY OR TOW Roseds	Te 13d	INSIDE CHY LIMITS?	13e.STREET ADDR	il 11top	Ave. 2	1207
ad with	Jaan	MIDDLE	illistver		Mari FIRST	ME	DLE	Mikels	son
MORE,	16a. WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	217-64	17 I	Mrs. Elsa		DDRESS ame as	#13e	
RECORDS, 201 W. PRESTON ST law requires that the death cert is been signed by the otherding permit. Then please remove corbon a picor other frammatic every story injury, or other frammatic every many.		which (b)	OR AS A CONSEQUE	ENCE OF	JMONIA	AINAL DISEASE OR			
TAL RECC	110 DATE OF OPERA		ITION FOR WHICH			20a AUTOPSY?	IN CER	res, were find tifying cause yes []	INGS USED S OF DEATH?
DIVISION OF VITAL ON ATTENDING PHYSICIAN d by the hospidal or otherwise certificate NEEAL DIRECTOR After the certificate be detoched for use or the burishinan e-Stote Dest. of Haoth and Marinal Hy, (TAMT, if them 2 is a marked agritm [8]	OR CONTRIBUTING OF STREET	CAUSE OF DEATH CALEXAMINER) PRED 21e PLACE (AT HOME ST Whis hospito) attended the edicity on additional view the body AME TYPE OR PRINTI	.M. MONTH DM. OF INJURY REET FACTORY, OFFICE F the deceosed from 19 office deoth.	AY YEAR 19 211 ARM. ETC.) 211 DEGF	ATTENDING PHYSICIAN (deoth occurred on the DIRECTOR P	or Town the date and h	COUNTY	state , that (1) (we) ast e couses stated E SIGNED HIS-6
TO HOSPI retoined b TO FUNE whold be with the SI	230 BURIAL CREMATION	REMOVAL 236 DATE			S,WA) ERY OR CREMATORY	HOSP 1	J		
BP DHMH - 16 60M 7/84 (VRA 15, 4)	ISPECIFY Burial 24 FUNERAL DIRECTOR NAME Leonard J.	5-10-	ADDRESS	ardens o	of Faith	TE REC'D. BY REGIS	IMOTE TRAR 256 REG	Maryla:	THRE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DI	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 6	NO.	3 8	45
	DECEASED NAME FIRST		MIDDLE	l.	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
(1)	YPE OR PRINT) Micha	ael	P.	Ko	zak	MAL	16,	1986	1:11AM
3. 5	SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST		INDER 1 YEAR IF L	UNDER 24 HRS
7	Male	White		MONTH	22 1909	76	YRS **	THS DATS HO	DURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN	7h CITIZEN OF	WHAT COUNTR'	Y? 8		9. BALTIMORE CITY		DEATH	
1	zechoslovachia	U.S.A.		MARRIE	NEVER MARRIED	Paltimo	re City		445
	CITY OR TOWN OF DEATH		HOSPITAL, NURS	WIDOWE	R OTHER INSTITUTION	120 USUAL OCCUPA		12b. KIND OF BU	MD. USINESS OR
		(IF NOT IN SU	H FACILITY, GIVE STRE	EET ADDRESS)		(TYPE OF WORK FOR MOS		INDUSTRY	th Ctool
	altimore UAL RESIDENCE (IF NURSING HE AE C	Francis	SCOTT E	Key Med	ical Center	Roller-Ma	nipulate	r bet	th. Steel
130	STATE LL COL	INTY	13c. CITY OR TO		134 INSIDE CITY LIMITS?	13e.STREET ADDRES			0.7.000
		timore_	Dundal	Lk	YES NO X	3418 Duni	an Road		21222
19	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
4P	aul		Kozak		Mary			Barlas	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE	CURITY NO	17. INFORMANT	ADD	RESS		
N	0		192-01-	-2426	Mary Kozak		Same	as 13e	
Z	PART 2. OTHER SIGNIFICANT	(c)_	ONTRIBUTING TO	HRON	IC OBSTRU				- 4 th
CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS	
WEDICAL CERTI		EATH HOUR A	.M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCURR				10 []
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFIC	CE, FARM, ETC.)	21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	220 I certify that (1) (the bases saw the deceased of above, (1) (we) (did) (did)	hay	10	401	nd that in (my) (our) opinion (deoth occurred on the	dote on hour or		ot (I) (we) lost uses stated
	22b. SIGNATURE	Cele	real	man 1	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHY	AFF SICIAN []	May May	E, 1886.
	8. C. VE	NERA	elon J	12 MS	3401.	Dundo	elk Av	e Ba	1/8 2122
23	BURIAL, CREMATION, REMOVA	AL 23b. DATE			EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE
E	Burial	5/10/1	1986	St. Mic	chael Cemetery	Donora	Washi		Pa

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

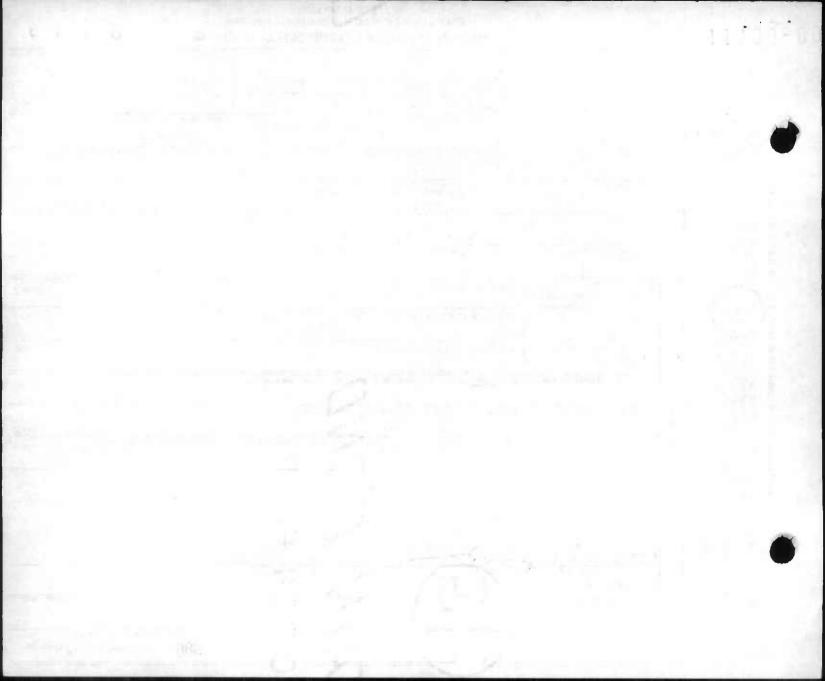
24 FUNERAL DIRECTOR

TO REGISTRAR'S SHORE

Duda-Ruck, Inc. 7922 Wise Ave Balto Md 21222

MAYO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR OR DATE KNOWN X MONTH I. DECEASED NAME (TYPE OR PRINT) DEATH MATED 19 86 RS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. MITH FORM PM. 3. RETAIN PAGE 5, FOR-YOUR FILES. PAGES 1, AND 2, SHOULD BE FILED, WITHTHIZE HOURS DIVISION OF WITHER ECORDS, 201 W. PRESTOR SCREET, STELLA C. Kozak 5. DATE OF BIRTH 2d HOUR 4. RACE IF UNDER 1 YR, IF UNDER 24 HRS DATE 3. SEX PRONOUNCED DEAD 1986 Female White 12 - 5 - 192076. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY! DIVORCED Baltimore City USA WIDOWED [Balto., MD 12h KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION HOme Maker 5436 Gardenwood Rd. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET ADDRESS 13b. COUNTY NO □ |5436 Gardenwood Road 21206 Balto. City YEST MD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elizabeth Fabiszak Wisniewski Benjamin 7. INFORMANT ADDRESS 16h SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 216-54-2909 George G. Kozak, 5436 Gardenwood Rd. Baltimore, Maryland 21206 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hanging TING THE WORD "PENDING" IN PENGL IN ITEM DED TO THE CHIEF MEDICAL EXAMIN, R. ATONI 23 SHOULD BE USED AS A BURIAL - TRANSIT PER DEPARTMENT OF HEALTH AND MENTAL IN CELL IN PRIOR TO BURIAL, CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d.) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO IX 21g FXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING SOR TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOULD S ? P.M. 5-8-19 86 Subject hanged self. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 5436 Gardenwood Rd., Balto, City MD home Inspection X 22a I certify that I taok charge of the remains described above, held an Autopsy Suicide X Accident Undetermined manner deoth resulted fram: Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 EXAMINER'S NAME TYPE OR PRINT ADDRESS. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE MD Balto. 5-12-86 Holy Redeemer Burial 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John C. Miller, Inc., 6445 Belair Rd. 21206 Tima Davidson-Adaptelle **DHMH - 17** (VR A15 ME (5)) 20M 4/82



101	1	Film G617 item 16	b		STAT	E OF MARYLAND				
00-06347	1.	FOR 7/16/86 rg		DEPARTN		EALTH AND MENTAL HYG	IENE 8 6	10	3 8	9/
00 00341		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
poge 3	(TYP	FR FRINT	ANK	5	60	AVITZ SR		5 11	86	1201
pood bood	3. SE	X	4 RACE		5. DATE C	1 - 11 - 1 - 1	6 AGE (IN YEARS LAST BI	RTHDAY) IF U		IF UNDER 24 HRS
ge 4 r		M	W		MONTH	2 S (4	71	YRS.	HS DAYS	HOURS MIN.
Po 4 10 10 10 10 10 10 10 10 10 10 10 10 10	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMORE CITY		DEATH	
\$ \$E A5	P	ymouth. Pa	J	JSA	WIDOW		Baltimore	County	elle	MD.
offer de		Baltimore		11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Key Hospital			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Mechani	ON 1	26. KIND OF NDUSTRY	Lever Bros
201	0150	AL RESIDENCE (IF NURSING FION					Hechani		rever	DIOS,
MARYLAND 2120) Fed within 24 hours of the first state of the first sta	13a.	STATE 136 C	ltimore	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 6704 Rail		2122	2
Within within		ATHER'S NAME				15 MOTHER'S MAIDEN NAM				
NAW 3	7)St	anley	MIDDLE	Kravitz		Josephine	MIDDLE		Zola	
RE, I		WAS DECEASED EVER IN U.S		166-SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	74.	
BALTIMORE, cote be execut open. Pogether for the median	9	YES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	175-05 0		Mrs.Josephi	ne Kravitz	6704 Ra	ilway	Ave.22
ALT THE THE THE THE THE THE THE THE THE TH		18 CAUSE OF DEATH (Ente	er only one couse pe	r line for (o), (b), one	ficial				APPROXIMA SETWEEN ON	ATE INTERVAL ISET AND DEATH
T. Physical Hills of the physical physi		PART I. DEATH WAS CA	DIATE CAUSE (0)	CARDI	AC	MRREST				
or real				OR AS A CONSEQUE	NCE OF					
death death ottend ave co raumat		Conditions, if ony, which	((b)_	MI						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., INC. PHYSICIAN: The law requires that the death certificate physician. Wher this certificate has been signed by the autending that this certificate has been signed by the ottending that has a the burial-transit permit. Then please remove corbon that and Mental Hygiene prior to burial, cremation, or remain and Mental Hygiene prior to burial, cremation, or remain and Mental Hygiene prior to burial, cremation, or remain and Mental Hygiene prior to burial, cremation or remain and Mental Hygiene prior to other traumatic remains.		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, C	DR AS A CONSEQUE	NCE OF					
S, 201 Jires th igned I burial ury, or	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION								
ORD request. The	<u> </u>									
L RECC	CERTIFICATION	190. DATE OF OPERATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING	CAUSES O	SS USED OF DEATH? NO [
VITA VITA Nysicia ransif Hygir Rygin	7 8	210. ACCIDENT WAS UNDERLYING	110110	OF INJURY	V VEAD	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I	OR PART 2)	
SICIA ng ph certifi rial-tr ental	1 4	OR CONTRIBUTING CAUSE O	FDEATH	.M. MONTH DA	19					
ON HYS! Iding Ils ce buri Men	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION			COUNTY	
IVISION OF PROPERTY OF PROPERT	ME	WHILE NOT WHILE AT WORK	(AT HOME ST	TREET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
ADJA ADJA S. Ad		22a. certify that (1) (his h	aspital) at ended t	he deceased from_	4	128 19 86		. 19_	86 th	of (we) lost
TTEN Portal TOP for u		sow the deceased alive	e on	0/8G 19_	86.0	nd that in (m)) (our) opinion (death accurred on the d	ate and hour an	d from the co	uses stated
hos IREC ept tem		22b. SIGNATURE			70	DEGREE			22c. DATE S	GNED
TAL O y the y the RAL D detac hate D		Mulie	cones			ATTENDING PHYSICIAN	MEDICAL STA		571	1/80
by by Sta ANI	7	22d. PHYSICIAN'S NAME (T	YPE OR PRINT)			22e ADDRESS			/	7 . 6
HOSPITAL rained by t S FUNERAL rould be defent with the State		MARK	&/SN	SR		4940 81	STERN	NE	YSA	727.
5 5 5 4 3 3	230	BURIAL CREMATION REMO	VAL TOOL DATE	122, N	IAME OF C	EMETERY OR CREMATORY	123d LOCATION			

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR Walter Dabrowski 1005 Dundalk Avenue 21224

5/14/86

231. NAME OF CEMETERY OR CREMATORY

Sacred Heart Of Mary

23d. LOCATION

Baltimore

Maryland

ginuon exemidis Lizzoro Laufel. galan A.to a brengalas Sacara

.c. .c. .c. .c. .c.

SISVEL SIVEL

179-03 307 rs.Josephing Tivite of A telification for 22

alter vabreselv Lus Dundal, avenue 21:29 MAY 1 5 May 20 September 21:29

4	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	O	6 I	3	8 4 8
1.	DECEASED NAME	FIRST		MIDDLE	L.	AST	20. DATE OF DEA		AY YEAR	2b. HOUR
4	TYPE OR POWER	FREDA		G.	KR	AUSE	1	MAY 1, 19	986	3:20A
7	SEX	4.	RACE	<u>.</u>	5. DATE C	F BIRTH	6 AGE (IN YEARS LA		IF UNDER 1 YEAR	
	female		white		MONTH	11 24,1922 YEAR	64		ONTHS DATS	HOURS MIN.
-	BIRTHPLACE (STATE)	OR FOREIGN 76		WHAT COUNTRY?	8		9 BALTIMORE CI	TY OR COUNTY	OF DEATH	
9	Maryland		USA		MARRIEI	NEVER MARRIED DIVORCED		RE CITY		***
10	CITY OR TOWN OF D	EATH 1	I. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	12a USUAL OCCL			OF BUSINESS OR
1	BALTIMORE	X	JOHNS	HOPKINS	HOSPI	TAL	seamstr	AOST OF WORKING LIF	mfo mfo	
5	SUAL RESIDENCE (IF NO. 30 STATE Penna.	36 COUNTY	Υ	13c. CITY OR TOW Central	N .	136 INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDR RD #1	ESS / ZIP CODE 15926	9	9999
1	FATHER'S NAME		DDLE	LAST		15. MOTHER'S MAIDEN NA.				
10	William Fa		NACE .	FASI		Orpha Durs	st Midi	DIE.	17	AST
The second second	WAS DECEASED EVE	R IN U.S. ARMI		166 SOCIAL SECU	RITY NO.	17 INFORMANT	A	DDRESS		
7	(YES NO OR UNKNOWN)	I IF YES, GIVE V	VAR OR DATES)	210-28-1	795	Clyde Krause	e RD #1	Central	City,	Penna.
F	18 CAUSE OF DEA	ATH (Enter only	one couse per	line for (o), (b), on	d (c.)	470			APPRO	XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSED IMMEDIATE	BY:			VARY ARRES	T			hr
	couse (o), sto underlying cou	se lost.	((c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIV	EN IN PART)	10
			_	,		eleteral renal o		/	1	piculuma
7	A + hum 19a DATE OF OPER 21a, ACCIDENT WAS U					N WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIF	, WERE FIND YING CAUSE	
1 11	OR CONTRACTURE	CAUSE OF DEATH	21b. TIME C HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	- CJ			
	(IF EITHER NOTIFY MI		21e. PLACE	OF INJURY	-	21f LOCATION STREET	C174	OR TOWN	COUNTY	STATE
	ANUTE NO	WHILE	AT HOME ST	REET, FACTORY OFFICE F	ARM ETC)	SINCE	CIT			JIAIC
	22a.l certify that sow the dece	osed olive on_	-	5/1 198	1-	d that in (my) (our) opinion	, to	5//	ond from the	, that (II (we) lost
	22b. SIGNATURE	(did) (did not)	view the body	ofter death.	[DEGREE			22c. DAT	E SIGNED
1	K	mald	take	Steen.	N	A	MEDICAL DIRECTOR PH	STAFF HYSICIAN		186
1	22d. PHYSICIAN'S	NAME ITYPE OR P		1		JOHNS HO	PKINS M	HOSPITI	AL	
2	3a. BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	burial	-1-1	5/3/86	5 M	t. Tel	penon Cemeter	Clanco		COUNTY	STATE
2	4 FUNERAL DIRECTOR					25a. DAT	V. G. Lenco E REC'D. BY REGIS	TRAR 256. REGIST	PAR S SIGNA	TURE Chna.
84	NAME			ADDRESS					Davidson	Children of the later

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6	3	8	4-1	9
	DEC NO				

REGISTRAR		CERTIFICATE OF BEAT	REG. NO.	
I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR ?b. HOUR
MARGA	RET O'BRIEN	KRIETE	May 28, 1986	0500 AM
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	June 2, 191	4 71 YRS	MONTHS DATS HOURS MIN.
TO. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIE		OFDEATH
Illinois	U.S.A.	WIDOWED DIVORCE	_ D]	ty MD.
IN CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTIO	IZG USUAL OCCUPATION	126 KIND OF BUSINESS OR
Baltimore	3714 Delver	ne Rd.	Homemaker	Own Home
SUAL RESIDENCE (IF NURSING HOME (130. STATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY Mr. CITY OR TON Baltim	WN 113d INSIDE CITY LIM	2774 727-	e Rd. 21218
14. FATHER'S NAME	Dar Cim	15. MOTHER'S MAID		2 1CL 21210
FIRST	selm O'Brie	n Kathe	rine Veronica	Quinn
60. WAS DECEASED EVER IN U.S. A	THE WAR OR DATES		ADDRESS	21214
(YES_NO OR UNKNOWN) [IF YES, C	048-09	-9237 Mary Gr	ace Dudley, 6305	Fernbank Rv
18 CAUSE OF DEATH (Enter of	only one cause per line (ar Ia), (b), a	ind (cv.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) // Se	minated M	etastatic ENDO	- 7 month
(//////////////////////////////////////	DUE TO, OR AS A CONSEQU	JENICE OF	METRIAL CAN	rEP'
Conditions, if any, which	(b)	DENCE OF ,	METICIAL CITIC	CFL
gove rise to immediate)			
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		
DART O OTHER CICALIFICATION	(c)			(5) (1) (5) (5)
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIV	EN IN PART TO
190 DATE OF OPERATION	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
10.15.1485	- /	U STAGING	IN CERTI	FYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121c HOW IN JURY C	OCCURRED (ENTER NATURE OF INJURY INJITEM 18.	
OR CONTRIBUTING CALISE OF D	LICUR AND MONTH .	DAY YEAR	TENER MAINT OF MAINT MAINTEN TO	Ant Contract by
(IF EITHER, NOTIFY MEDICAL EXAMIN		19		
(IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NOT WHILE AT WORK			51 5 20	0/
the state of the s	pital) attended the deceased fram		81 to 3. 40	19 86, that (1) (ver) loss
above, if i was diff i deb	not) view the body after death.	and that in (my) (pinian death accurred an the date and have	ir and from the causes stated
72h SIGNATURE	111 1.10	DEGREE		22c. DATE SIGNED
1000	11/00	ATTEND PHYSIC	DING MEDICAL STAFF	IN 58-86
20 PHYSICIANS NAME		22e. ADDRESS	1	0 01
Joseph	I) &=BLEY	MD 3809 9	LOON MOOUST ALLO	MUR Balton
23a BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c.	NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(SPECIFY) Burial	May 30,1986		CITY OR TOWN	rford. Md.
24ROBERTO. ALT			Sa. DATE REC'D, BY REGISTRAR 25b. REGIS'	
		TIOME, THE	JUN 3 1986 d-	, mother factories
doug Harrord	Rd., Balto.,	Md. 21214		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached for use with the State Dept, of Hea

11	1	MARYANNA	ANGELA KUG	CHARSKI	MAY //	1986 8
R	I SE	F	WA	21 1902	83	MONTHS DATS HOURS
(8)	/n. 101	STATE OR FOREIGN	USA WI	ARRIED NEVER MARRIED DOWED DIVORCED DOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR	EITY
100	B	LI HESTERNEE (IF NURSING HOME OR	111. NAME OF HOSPITAL, NURSING HO		(TYPE OF WORK FOR MOST OF)	N 12b. KIND OF BUSINI WORKING LIFE) INDUSTRY
A taled to	The S	TATE 13b COUNTY		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	MORA AVE
1300	2		ROSTKOWSKI	A PARTY A	MIDDLE	GORSKI
De ente	100 V		E WAR OR DATES)	37 JOHN KAP	PES 3735	ELMORA AV
physics mpaper emovol.		PART 1. DEATH WAS CAUSE	lly ane cause per line far (a), (b), and (c), D BY: [E CAUSE (a)	CULAR ACCION	NT	APPROXIMATE INTER BETWEEN ONSET AND
by the death		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (b) ARTIFICOSCA DUE TO, OR AS A CONSEQUENCE (c)	GEOTTC HEART	DISCHSE.	
	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	ITION GIVEN IN PART TIO
Me for the for	CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO
CLAN, T B physics orthrone mal Kyg em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY	21c. HOW INJURY OCCU YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
ortender ortender he the burned he and Me	MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, E	21f LOCATION STREET	CITY OR TOWN	N COUNTY S
ACTENDO Augustol or CTOR. Al Silve unest 1. of Health is 21 1s ma		saw the deceased alive an abave, (1) (we) (did) (did na	tal) attended the deceased fram MKY 19 1 view the bady after death.	, and that in (my) (dur) apiniar	3 to	e and have and from the causes sto
RAL DIRE Antibute Direction of the Chapter Antibute Dispit		22b SIGNATURE	myn p		MEDICAL STAFF	221. DATE SIGNED
D HOSPI tuined to O FUNE hould be whost a		22d PHYSICIAN'S NAME (TYPE O	MAMOY AM.D	CHURCH H	HUSPITEC: 100	V. Myonny, Bro
2	23a. B	BURIAL, CREMATION, REMOVAL	236. DATE 236 NAME	OF CEMETERY OR CREMATORY	23d. LOCATION	BANTO B
BP	K		0110106 1110	7 100/11		Privil

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

2b HOUR

20 DATE OF DEATH MONTH

Item 5, FilmG615 5/14/86jab
g - STATE
REGISTRAR

FIRST

1. DECEASED NAME

MARTINE TO MARTINE PRATE TO SEE TO SE

DW 21-789

D. KIAG S/18/5 //C. + KISARY
JOHNAN WEBER 12005 INC. CHESTER ST.

MORAU, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED URIAL 2-86 STATE HOLY 24 FUNERAL DIRECTOR in the good-hours (VRA 15, 4)

STATE OF MARYLAND

2

2h HOUR

12h KIND OF BUSINESS OR

Electronic

21231

9:14 m

IF UNDER 24 HRS

YEAR

86

INDUSTRY

St.

29

DHMH - 16 50M 1/81

- KECELVED -

201 18 1980

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1 JOHN A 1944 A 194 A

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		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the digital certified – be executed within 24 hours after de retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the oil dring pluy and and completely filled in by the fun should be detached for use as the buriol-transit permit. Then please remove the state Deet of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumotic event, the medical expansion must be partitled to

	STATE OF MARYLAND
OR .	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
ATE GISTRAR	CERTIFICATE OF DEATH

8	6 REG. NO.	1	3	3	5	6

	REGISTRAR							REG. NO).				
	DECEASED NAME FIRST	BERT	MIDDLE		PER		20 DATE OF		MONTH	DAY 18	PG.	26 HOL	D.
2	SEX	4 RACE	4	5. DATE C			6 AGE (IN YE	ARS LAST BIRT			ERIYEAR	IF UNDER	R 24 HRS
3.	MALE	WNIT	· E	MONTH 8		YEAR 12		7.		MONTHS	DAYS	HOURS	MIN,
70	BIRTHPLACE (STATE OF FOREIGN	/ 76 CITIZEN OF	WHAT COUNTR	V2 8	NEVER .	A A B B I E D	9. BALTIMOR	E CITY OF	COUNT	Y OF D	EATH		
	Maryland	U.S.		WIDOWE		VORCED	BALTI			7.			MD.
	BALTIMORE		HOSPITAL, NURS HEACILITY, GIVE STRI SAMA	EET ADDRESS)	HOSPE		120 USUAL O (TYPE OF WORK Pres		WORKING	LIFE) IN	kind o dustry iark		ESS OR
JU	SUAL RESIDENCE (IF NURSING DA	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEF		13d INSIDE C	ITY LIMITS?	13e STREET A	DDRESS /	ZIP COD	DE .			
	MD		BALTIM	ORE	YES 🗌	NO 🗌	1221	Boy	CE	AVE		212	04
14	C. FATHER'S NAME	bert	Kupër	:		smaidennam d'ile	ME	WIDDIE			Klu	g	
16	WAS DECEASED EVER IN U.S		166 SOCIAL SE	CURITY NO.	17 INFORM	ANT		ADDRE	SS				
1	(YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	216-01.	3828	Mrs.	Eolin	Kupe	r - :	Same	a a s	s #1	3	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, O	R AS A CONSEC R AS A CONSEC DITRIBUTING T	O DEATH BUT			NINAL DISEASE		20b. IF Y	ES, WEI	RE FINDING CAUSES	NGS USE	
	Ĕ						YES 🗌	NO		YES [CAUSES	NO [
	OR CONTRIBUTING CAUSE CO. (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOT WHILE AT WORK	MINER) HOUR A. 21e. PLACE (AT HOME STI	M. MONTH M. OF INJURY REET FACTORY OFFIC	19 CE FARM ETC)	211 LOCATI		RED (ENTER NAT	CITY OR TO			OUNTY		STATE
	22a.I certify that (I) (this has been also bee	e on 5/8/8 id not) visw the body			DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAF PHYSIC	F IAN		from the	SIGNED	toted
2	30 BURIAL, CREMATION, REMO (SPECIFY) Removal	236. DATE 5-19		31. NAME OF C	CEMETERY OR	CREMATORY	23d LOCA	TION OR TOWN		cou	PNTY		STATE
-	L SUN ISSAU DIRECTOR					25 - DAT	E DEC'D BY DE	CISTOAD	164 DECH	CTD AD'C	CICALAT	THE	

DHMH - 16 60M 7/B4 NAME Anatomy Board (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO	٥.	
DECEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
	illiam H	Krug	May 26,	1986	12:00PM
SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	FRIYEAR IF UNDER 24 HRS
Male	White	Dec. 20, 1909	76	YRS.	DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	9 BALTIMORE CITY O		ATH
Maryland	USA	MARRIED X NEVER MARRIED WIDOWED DIVORCED	Baltimore	City	M
CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 12h	KIND OF BUSINESS OF
Baltimore	(IF NOT IN SUCH FACILITY, GIVE ST	neral Hospital	Ret Main	tenande	Hutzler
	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	13e STREET ADDRESS	W (1.2121
FATHER'S NAME		15. MOTHER'S MAIDEN NA			
Frank W	iTTiam Kru	ng Daisy	MIDDLE		Khight
WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SI	ECURITY NO 17 INFORMANT	ADDRE	SS	
(YES NO POUNKNOWN) (IF YES	GIVE WAR OR DATES) 216-0	3-2247 Mrs.Ruth	E.Krug, Sa	ame as a	above
TIN CALISE OF DEATH (ENG.	only one cause per line far (a), (b)	andie			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cause (a), stating the underlying cause last. PART 2 QTHER SIGNIECAN Congestive	DUE TO, OR AS A CONSE	QUENCE OF THE THE UT NOTE IN THE TERM THE TERM Chronic obstructive	MINAL DISEASE OR CON	DITION GIVEN IN	PART la
190 DATE OF OPERATION		ICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WER	E FINDINGS USED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMINATION OF COURRED	DEATH	DAY YEAR 19 211 LOCATION STREET		RY IN ITEM 18 PART I OR	
AT WORK AT WORK		m April 30 10 86	Mars 0	<i>c i</i>	26
sow the deceased alive above (IXwe) (did (did	spital) attended the deceased fra on <u>May 26</u> , 11 nat) view the bady after death.	9_86_, and that in (myX(aur) opiniar		ate and havi and f	
22b. SIGNATURE	0 0	DEGREE	MEDICAL STAF		A DATE SIGNED
Jage	C Ferrer	M.D. PHYSICIAN	DIRECTOR PHYSIC		5/26/86
Jorge E. I	Ferrer,M. D.	22e ADDRESS C/O Mary	land General	Hospita	1
BURIAL, CREMATION, REMOV	AL 236 DATE 5/29/1986 2	31. NAME OF CEMETERY OR CREMATORY	23d LOCATION		
(SPECIFY) Burial	5/29/1986	Glen Haven Mem. H	k Glen B	arnie CAN	"A.Co.Ma"

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR McCully Funeral

Glen Haven Mem.Pk GTen Burnie, A. A. Co. Md. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

germa dans door Mandall

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 00 - 07829MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN AT 2b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED FUNERAL DIRECTOR 5 FOR YOUR HIES D. WITHIN 77 HOURS W. PRESTON STREET, LA BOARD 5-25-8619 STEPHEN 4. RACE 2d HOUR IF UNDER 24 HRS DATE YEAR LAST BIRTHCIAY) PRONOUNCED DEAD 63 23 MALE BLACK 5-25-8619 :55P IN BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED POWERON COGNITIVE WIDOWED DIVORCED Baltimore City Balto Md TE CITY OF TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Building Construction SUAL RESIDENCE (IF IN NURSING HOME OR O 4137Erdman Avenue 21206 Me. STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto. 4137 EXXM Eierman Ave. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Chambers LaBoard Selma Raymond ADDRESS IN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7 INFORMANT (YES, NO, OR UNKNOWN) I (SE YES GIVE WAR OR GATES) Eierman 6962 Mrs. Selma LaBoard 4137 219 no 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH SEXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCI, THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. FRANSIT PERM AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 291 PART 2 OTHER SIGNIFICANT CONDITIONS CONDITIONS TO OBETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES S NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 19 TIE PLACE OF INJURY (AT HOME, 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Natural couses Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 5-26-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M. Doress. 111 Penn Street (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE COUNTY Md . STATE Burial 5/29/86 Cedar Hill Cem. BP /55 07/84 290 REGISTBAR'S SIGNAPURE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR DHMH - 17 James A. Morton & Sons 1701 Laurens St. (VR A15 ME (5))

(VR A15 ME (5))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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9	1.	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	1 3 6 5 6
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		Jame	es .	Lambert	May	7 1986 3:11 P
	1.50		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
		M	В	4 15 1910	75 YRS	
2		THPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
_		Va	U. S.A	WIDOWED DIVORCED	Baltimore U	M. N.
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0			PROTHER INSTITUTION GIVE RESIDENCE BEFORE		Unamployed	•
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	14. F.A	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME	TAST
0		Charles	Lambert	Mary E	_	1001
1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	A
		NO N	214-14.	-5464 Mattie Lam	bert Balto	, Md.
		18 CAUSE OF DEATH (Enter of	only one couse per line far (a), (b), o	nd ic .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY. ACUTE RE	espiratory Failure		
		Conditions, if any, which gove rise to immediate	(b) Chronic C	DENCE OF D bstructive Pulmona	ry Disease	1 Day
	CATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO CONTRIB	obstructive Pulmona	MINAL DISEASE OR CONDITION (TY Disease 200 autopsy2 20b. if	GIVEN IN PART 110 YES, WERE FINDINGS USED
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29		gove rise to immediate couse (or, stating the underlying cause last. PART 2 OTHER SIGNIFICANT Probable Seps. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(b) Chronic C DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO SIS. Volume Deplet 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 19b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21b. PLACE OF INJURY	DESTRUCTIVE PULMONA JENCE OF DEATH BUT NOT RELATED TO THE TER/ CION CORONARY Arter H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION	WINAL DISEASE OR CONDITION (TY DISEASE 200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJURY IN ITEM I	GIVEN IN PART 110 YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
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A, Morton & Sons 1701 Laurens

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTEN



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

00-05998

STATE OF MARYLAND

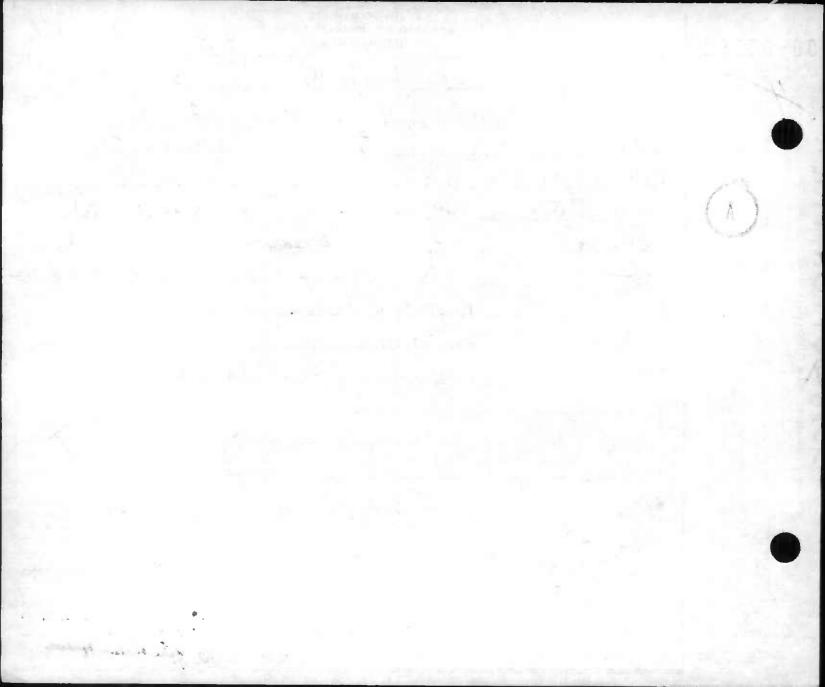
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	STATE REGISTRAR			ICATE OF DEATH	REG. 1		0 0	7
	CEASED NAME FIRST MANY	WIDDLE	/	lumberth	20. DATE OF DEATH	5 S	86	S 45
3. SEX	×	1. RACE	5. DATE C		6 AGE (IN YEARS LAST R	YRS IF U	INDER I YEAR	HOURS MIN.
7a. BI	RTHPLACE (STATE OR FOREIGN	6 CITIZEN OF WHAT CO	DUNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY		DEATH	
	S. Cavolina	USA	WIDOWI		10 17	24001	City	MD.
10. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL		Ger Holp	TYPE OF WORK FOR MOST		INDUSTRY	BUSINESS OR
185LIA 18a. S	AL RESIDENCE TO STATE	1.	ENCE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS?	3211 C	LENY /4	W K	2/225
14 FA	charles	AIDDLE	Dope	15 MOTHER'S MAIDEN N	beth		Shir	rd.
	VAS DECEASED EVER IN U.S. ARA YES, NO ORUNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOC WAR OR DATES)	U A	Patricia	Russell	1201	Haro	WVOD AUT
TION	Conditions, if any,, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C		TING TO DEATH BUT	NOT RELATED TO THE TE	al failige RMINAL DISEASE OR CO	NDITION GIVEN		
CERTIFICATION	9a. DATE OF OPERATION	Tyb. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYIN	NG CAUSES	
	21a. ACCIDEN WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MO	Y DNTH DAY YEAR 19	21c. HOW INJURY OCC	URRED (ENTER STURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE ALL WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTO		21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	27a 1 certify that (I) (this haspit sow the deceased give on	5-5	19 86.,0	nd that in (my) (aur) apinio	an death accurred an the	date and have a	_	that (I) (we) last causes stated
	776 SIGNATURE	Adoit	/	DEGREE ATTENDING PHYSICIAN		AFF SICIAN	22c. DATE S	SIGNED
	274 PHYSICIAN NAME THE	gant.		22e. ADDRESS				
	BURIAL, CREMATION, REMOVAL' Burial	5/10/86		CEMETERY OR CREMATOR	23d LOCATION CITY OR TOWN		Md.	STATE
	uneral director March Funeral Ho	ome West 430		75n C	AAY 8 1996	REGISTRA	8'S SIGNA	and a little

DHMH - 16 60M 7/84 (VRA 15, 4)

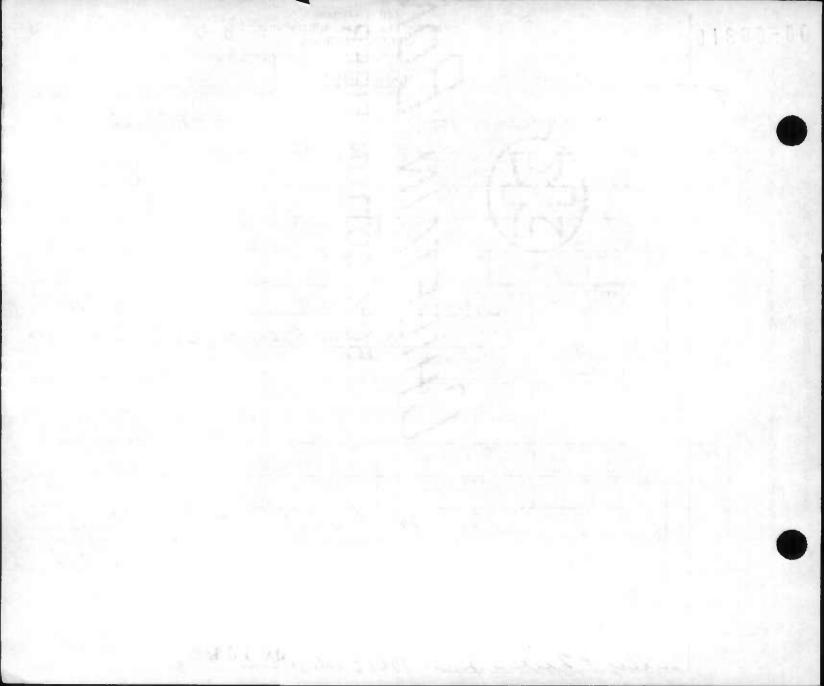
TO FUNERAL DIRECTOR, thould be detached for un with the State Dept. of He



STATE OF MARYLAND

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				SIA	IE UF MAKYLAND			
-06310	1	FOR STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 6	1 3	8 5 8
		CEASED NAME FIRST	MIDD	LE	LAST	20 DATE OF DEATH	MONTH DAY YEA	AR 2b HOUR
2 //		Albe	ert A	Lai	mparski	May	9 1986	M
8	3.58	X	4_RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 13	
0		Male	White	Sept		64	YRS MONTHS D	DAYS HOURS MIN.
· 800 /00	7a B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WH	AT COUNTRY? 8.	EDXX NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEAT	Н
-50		Maryland	U.S.A	WIDOW	ED DIVORCED		: City	MD.
Contined	10 C	TY OR TOWN OF DEATH		SPITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATIO		ND OF BUSINESS OR
		Baltimore	2620 Pelh	nam Ave.		Accountan		
T See	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO		E RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	
200		Maryland		Baltimore	YES NO	2620 Pelha		213
nine	14. F.	ATHER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN N			£AST
(DO)		Anthony		nparski	Barbara	MIDDLE	Brown	(ASI
medical exominer		VAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO.	17. INFORMANT	ADDRE		
medical		YES, NO OR UNKNOWN) (IF YES,	SIVE WAR OR DATES)	13 16 6195	Mildred Lamp	arski 2620 P	elham Ave.	. 21213
- ÷		18 CAUSE OF DEATH (Enter	only one couse per line	for (n) (h) and (c) I	^			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
event,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		ARDIAC	HRREST			UDDEN
ic ey		IMMEDI	ATE CAUSE (o)					,/
an, o		C	DUE TO, OR A	S A CONSEQUENCE OF	PRTERW SCL	BROTIC C	W/1 3	1/2 years
troum troum		Conditions, if any, which gove rise to immediate	(b)		TOTICI CO JOA	Jer Or Co	VO	1
l, crem other		couse (a), stating the underlying couse last.	DUE TO, OR A	S A CONSEQUENCE OF				
or o			(c)					
ta bu njury.	Z	PART 2. OTHER SIGNIFICAN	t conditions <u>con</u>	ributing to death bu	T NOT RELATED TO THE TER	MINAL DISEASE OR CONE	ITION GIVEN IN PAR	₹T 110
ony i	AT	190 DATE OF OPERATION	196. CONDITIO	N FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED
W Ws	Ĕ					YES NOT	IN CERTIFYING CAL	USES OF DEATH?
Hygie	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR		
		OR CONTRIBUTING CAUSE OF E		MONTH DAY YEAR				
Mentol or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 21e PLACE OF	19 INJURY	21f. LOCATION			
orked o	X.	WHILE NOT WHILE		FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR LOV	WN COUNT	TY STATE
nork		AT WORK AT WORK		/	10 10/9	771 78	1086	
He				3 4	and that in (my) (our) apinion	n death occurred on the do		, mor (ii (we) to si
÷ E		deceosed olive (Ne) (del) (did	not view the body after	er death.		. acom accorde on me do	100000000000000000000000000000000000000	1
Dep F #e		X 111 /	5 1/nx	Van MA	DEGREE ATTENDING	MEDICAL STAF	m 0	Pale
- ÷ ÷		Cara.	- LCO-P	(000 191)	PHYSICIAN	DIRECTOR PHYSIC		1766
ATAN		224. PHYSICIAN'S NAME (TYP	K 1/		22e ADDRESS	70 1		1281
with the Sto		CHNICN 1	J. PA1.		119 5	- Knoall	my 2	1211
· > ≤		SURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		Burial	5/12/86	Uak La	wn Cemetery		Baltimo	
6 60M 7/84	24 F	UNERAL DIRECTOR		ADDRESS	2123/ 25a. DA	ATE REC'D. BY REGISTRAR	156 REGISTRAR'S SIG	NATHERNA
. 15, 4)	1	illes # 2	eller.	Lane. 19.	01 Pastara	ANII O BOO	0	



	1,	FOR STATE		DEPARTM		OF MARYLAND EALTH AND MENTAL HY	GIENE () 6	1 3	255
0 - 07289		REGISTRAR				ICATE OF DEATH	REG. NO.	, 0	0 0
eoch be		CEASED NAME OR PRINT)	TEROME	MIDDLE		GHORNE	May 16,		26. HOUR 12:35p
ector. po	3. SE	x Male	4 RACE Black	k	5. DATE C	28,1910 YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAT	AR IF UNDER 24 HRS
A 72 hou		RTHPLACE (STATE ORFO COUNTRY) Maryland	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED XX	BALTIMORE CITY OR	COUNTY OF DEATH	Mr.
oy the funded without de	Ni -	ITY OR TOWN OF DEAT LTIMORE	LIE NOT IN SID	CHEACHITY CIVE STREET A	DODESSI	LTIMORE MD	120 USUAL OCCUPATIO	N WORKING LIFE) 12b. KIND INDUST	OF BUSINESS OR
24 hours suited in the sould be fi	₩3U 13a.	AL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTION 36 COLUMNS	13c CITY OR TOWN Baltimore		136 INSIDE CITY LIMITS?	13eSTREET ADDRESS / 1503 Edmon	ZIP CODE Ave.	21223
thin thin 2 sho	14. F.	THER'S NAME George	MIDDLE Lan	ghorne		IS MOTHER'S MAIDEN NA	WIDDLE	Taylo	LAST .
127		VAS DECEASED EVER IN YES. NO OR UNKNOWN)	U.S. ARMED FORCES?	166 SOCIAL SECUR 217 18 5		17 INFORMANT Ellsworth I	anghorne Bal	S Commonwea	1th Ave.
equires, that the deat signed by the attendant rabburoil, cremation, injury, or other traumatters.	NOI	Canditians, if any, gave rise to imme couse (a), stating underlying cause	the lost. DUE TO, C	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO D	NCE OF	MONARY TO AMOUS CONTROLLED TO THE TERM	SELL CARD	TED	1:a
The low ricen. Te hos bee rist permit.	CERTIFICATION	190 DATE OF OPERATION	13	ITION FOR WHICH (OPERATIO:		YES NO	206. IF YES, WERE FINI IN CERTIFYING CAUS YES [NO [
DIVISION OF VITAL JDING PHYSICIAN: The or attending physician is After this certificate has see on the burial-transit ealth onto Aurianist is marked or them 18 show	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE AT WORK NOT WHILL AT WORK AT WORK 22a.l certify that (1) (1)	USE OF DEATH LEXAMINER) D 21e PLACE (AT HOME 51	.M. MONTH DA .M. OF INJURY REET, FACTORY OFFICE, FA	19	216. HOW INJURY OCCUR	CITY OR TOW		STATE _, that (we) lost
HOSPITAL OR ATTEN and by the hospital FUNERAL DIRECTOR vid be deforched for vi in the Store Doep of the ORTANT: If them 21 is		JA.	dive on 2 the body Hopes M			d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	IN DA	Tibles
TO HOSPITAL retoined by t TO FUNERAL should be det with the Store IMPORTANT:	23 a.	GATLE HOP		23c. N	AME OF C	3900 Loch I	Raven Blvd. E	Saltimore M	1d 21218
BP		Burial				n Forest Vete	erans Cem. Ow		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	HY SI	hardto	wings Mil.	ls, M		Y 20 500	sh. REGISTRAR'S SIGN	Randall .

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE	- 1	-7
DICAL EXAMINER'S CERTIFICATE OF DEATH	DEC NO	0

1	3	8	6	0
REG. NO.				

1.00	CEACEDALAN	E FIRST		WIDDIE		LAST							
	PE OR PRINT)			WIDDLE				2a. DA	OF ESTI-	_		YEAR	26 HO
		Rober				Laste			ATH MATED		5-24	19 86	
SE	x Male	Black	S. DATE OF BIRT		6. AGE (IN YEAR LAST BIRTHDAY	MONTHS D		MIN. PRON	OUNCED EAD	MO	5-24	19 86	4:1 a.
7a. E	OREIGN COUNTRY	la.	76. CITIZEN OF			8. MARRIED X	NEVÊR MARRI	ED 🔲	itimorecit Baltimo	_		DEATH	
3	Baltino	ore	Univer	FACILITY, GIVE ST	reer address) ospita	l - STU		12a. USUAL O			VORK 12b K	IND OF BU OR INDUSTR	
	AL RESIDENCE STATE MD	(IF IN NURSING HOME	or other institution ITY		OR, TOWN TIMORE	13d. 19	SIDE CITY LIMITS?	13e SIRFEI AL	Gay St	•	2121	3	
4. F	ATHER'S NAME		MIDDLE	t	AST		OTHER'S MAIDE	N NAME	MIDDLE			LAST	
- (WAS DECEASE YES, NO, OR LINKNO NO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)		IAL SECURITY 44–494		formant ola Last	ter 210	4 Mura				
		IMMEDIA	TE CAUSE (a)		SEQUENCE O								
	gove ri couse (o lying cau		(b)		SEQUENCE O	F	NOITION GIVEN IN PAI	ŘĨ Ì ia				Bernelled de la de l'	
CATION	gove ri couse (o lying cou	se to immediate stating the <u>under</u> use last.	(c) CONTRIBUTING TO DEA	1H BUT NOT RELAT	EO TO THE TERMIN	F		RT 1 ro			20	AUTOPSY?	
ICAL CERTIFICATION	gove ricovse (o lying couse (o lying couse) PART 2 DIHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI	See to immediate stating the under- see last. GNIFICANT CONDITIONS OPERATION AL CAUSE WAS XOR NG CAUSE OF	(c) CONTRIBUTING TO DEA 196. CON 216. TIME HOUR A DEATH 2:336	DITION FOR V OF INJURY M. MONTH	VHICH OPERA DAY YEAR 24 19 86	NAL DISEASE OR CO	RFORMED? JURY OCCURRE PCT WAS	D JENTER NATURE		w 18 Part 1		AUTOPSY?	мо [
MEDICAL CERTIFICATION	gove ricouse (o lying could part 2 DIHER SI 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 214 IN JURY 9	GNIFICANT CONDITIONS OPERATION AL CAUSE WAS XXOR NG CAUSE OF	(c) CONTRIBUTING TO DEA 196. CON 216. TIME HOUR A 216. PLAC 216. PLAC	DITION FOR V OF INJURY .M. MONTH	VHICH OPERA DAY YEAR 24 19 86	NAL DISEASE OR CO	JURY OCCURRE OCT WAS N. Gay S	D JENTER NATURE STABBED	OR TOWN		OR PART 2)	YES 💢	
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(VR A15 ME (5))

Wm. C. March F/H 1101 E. North Ave.

7-07177	1	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6	13861
5 OTTI		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR (7 86 9:45 p.
r page fire dead	3.58	x	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	17 86 2:46 PM
10 10 6	/1. B	IRTHPLACE (STATE OR FOREIGN	POLACK 16. CITIZEN OF WHAT COUNT	7 26 14	A DALTHAODE CITY OD COLU	rs.
And Street	1	TY OR TOWN OF DEATH	U.S.A	MARRIED AN NEVER MARRIED WIDOWED DIVORCED RSING HOME OR OTHER INSTITUTION	- 1 1 m	2 CITY MD.
4 11 1	P	altimore	(IF NOT IN SUCH FACILITY, GIVES	HOSOITAL	TYPE OF WORK FOR MOST OF WORKIN	
24 14 14 14	lla.	ALLESIDENCE (IF NURSING HOME OR	NTY I3 SITY OR I	EFORE ADMISSION)		ode 21213 Woline St
100000	14. F.	har e	MIDDLE La F.	ner Noral	MIDDLE	Ellis
Police Police		WAS DECEASED EVER IN U.S. AR YES, NO, OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIALS		ADDRESS	white Marsh
By By and		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line for 1a1, (b) D BY: TE CAUSE (a)			APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH
1	17	Canditions, if ony, which	DUE TO, OR AS A CONSE			Via go
-		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE			
tigned in please the please of buring lary, or	NOI	PART 2. OTHER SIGNIFICANT (TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
on been	FICATIO	190 DATE OF OPERATION	196 CONDITION FOR WE	OMEN	IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
thorse Through	I CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY	21c HOW INJURY OCC	YES NO	YES NO 18 PART I OR PART 2)
this cert	MEDICA	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	19 211 LOCATION ICE FARM.ETC.) STREET	CITY OR TOWN	COUNTY STATE
NDNG at ar att use as the teaths a		22a 1 certify that (I) This haspi			5/17	, 19_80_, that (i) (we) last
DRECTO Ched for Mem 2 I		saw the deceased live on abave (I) we) (fid) did no 22b SIGNATURE	t) view the body after death.	DEGREE	ian death occurred on the date and	haur and from the causes stated 22c. DATE SIGNED
HOSPITAL C FUNERAL D FUNERAL D CHE Stoke C	+	22d PHYSICIAN'S NAME (TYPE C	DR PRINT)	ATTENDIN PHYSICIAI 22e ADDRESS		5/17/86
TO HOSP perdined TO FUNE should by LMPORTA	736	JULIE A D	LASON 123b. DATE	301 ST. PAUL		SPITAL, BALTO. 2120
BP		(SPECIFY) Burial		Eastview Cemetery	Baltimore	COUNTY

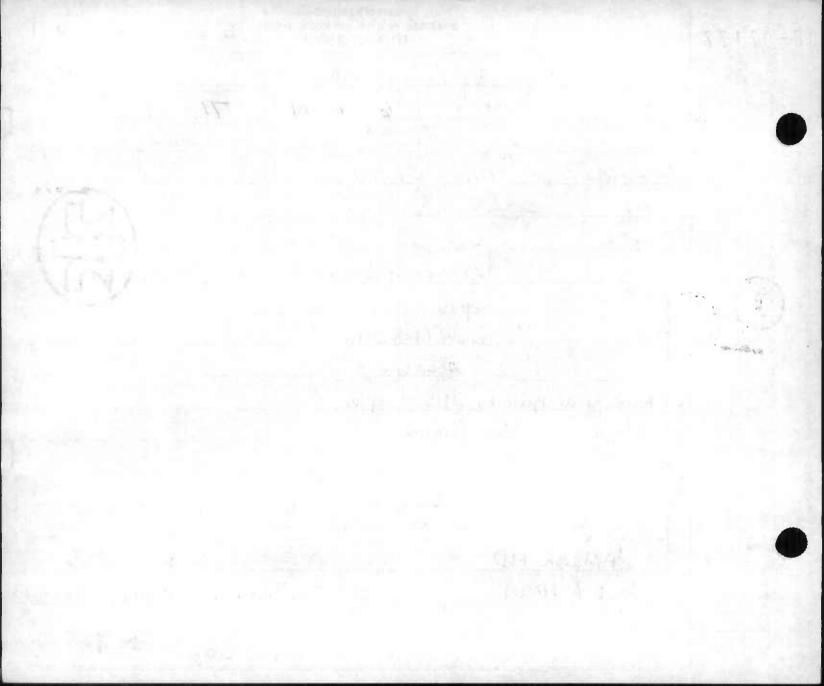
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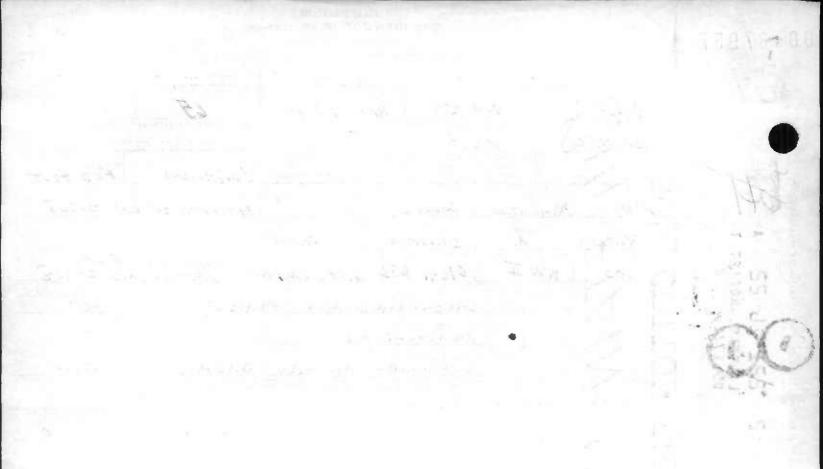
March Funeral Home West 4300 Wabash Avenue

Baltimore

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR

MAY 21 1986





DHMH - 16 50M 4/83 (VRA 15, 4)

00-07885

CTATE OF MADYLAND

DEPAR

TMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8 6 REG. NO.	1 3 8	
C 2 LAST	2a. DATE OF DEATH M	ONTH DAY YEAR 21	b

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MEN		8 6 REG. NO.	1 3	8	63
		CEASED NAME FIRST OR PRINT) Mary	~	MODLE	Lai	IEZZA	2 a	DATE OF DEATH	5 /24/	YEAR 86	26 HOUR 40 48 M
	3 SEX	Female		(cave.)	5. DATE C	DAY	YEAR O	75	YRS.	DAYS	F UNDER 24 HRS
3	Z	RTHPLACE (STATE OR FOREIGN OUNTRY)	U. S. I	9.	MARRIEI WIDOWE	D NEVER MAR	RIED '	BALTIMORE CITY OR CITY	RE	AIH	MD.
1	10. CI	Utimore		OSPITAL, NURSING FACILITY, GIVE STREET A SCOTT KO		or other institu		a USUAL OCCUPATION YPE OF WORK FOR MOST OF V OUSEWIFE		KIND OF USTRY	BUSINESSOR
5	USUA 13a. S	. 14	OTHER INSTITUTION O	SIVE RESIDENCE BEFORE 130 CITY OR TOWN DUNCAL		13d INSIDE CITY	LIMITS? 13	STREET ADDRESS / Z			222 alk mn
30	1	THER'S NAME 1ph	WIDDLE	Juliano		15. MOTHER'S MA First Marg		WIDDLE		Alvi	.qi
2			MED FORCES?	214-22-7		17 INFORMANT Alfred J	. Barr	ADDRES:	1915 Ea Balto.,		eld Road 21222
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	aly one couse per D BY:	Ine for 101 191, one	ulm	angern 1	aust	2			IATE INTERVAL NSET AND DEATH
	The state of	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR	AS A CONSEQUE AS A CONSECULAR AND AND AND AND AND AND AND AND AND AND	La di	A feet at NOT RELATED TO	Car Jin THE TERMINA	Cionyaga AL DISEASE OR CONDI	THON GIVEN IN F	WALL TIO	us_
/	IFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D		20b. IF YES, WERE IN CERTIFYING C		
9	CAL CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJUR	Y OCCURRED	ENTER NATURE OF INJURY		PARI 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	DF INJURY SET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET		CITY OR TOWN	COL	INTY	STATE
		22a.1 certify that (1) (this hosp sow the deceased alive on above (1) (was faid) did not 22b. SIGNATURE	- I -	/		DEGREE ATTE	NDING _ /	th occurred on the dote	e and hour and fr		
1		22d. PHYSICIAN'S NAME (TYPE of	OR PRINT) N. Su	tton	ou,	220. ADDRESS 90 4940		IRECTOR PHYSICIA		3/0	77 50
	Bu	URIAL, CREMATION, REMOVAL SPECIFY) L'IAL	5/28/1	986 Sac		emetery or creater of	Jesus	23d. LOCATION CITY OF TOWN Dundalk	Baltimo	re	Maryland
		NAME DUCATION DUCATIO		c. ADDRESS alk, Mary	land	21222	250. DATER	Y 28 1986			RE Charge See

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626	1-	FOR STATE REGISTRAR		EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	HENE 8 6	1 3	3 6 4
deoth	(TYPE	CEASED NAME PRIST OR PRINT) Bell	JR, LAWR	ence	1AST	20. DATE OF DEATH	17/86	IA M
rs offer	3 SE:	m	RACE	MONT	OF BIRTH DAY YEAR YEAR	6. AGE (IN YEARS LAST BIRTH	YRS.	DAYS HOURS MIN.
13		HPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COURS	MARRIE WIDOW		9 BALTIMORE CITY OF	COUNTY OF DEAT Baltimor	
political de la constantia del constantia de la constantia della constantia della constanti	B	TY OR TOWN OF DEATH ALTIMORE	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O	OVE STREET ADDRESS)	A HUDDING	MD SHIP	BUILDING	ND OF BUSINESS OR
185	13a. S	AL RESIDENCE (IF NURSING HOME O		PIMORE	134 INSIDE CITY LIMITS?	136 STREET ADDRESS	ZIP CODE S	7/2/20
	14. FA	THER'S NAME L'AWRENCE	WIDDIE	BELL	MOLLIE	WE	ST	UKES
medico	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOC	IAL SECURITY NO.	MARIAN BEL	L 1201 ENS		ET (02)
stoched for use os the buriol-stonsif permit. Then pleose remove corbs re Dept. of Heolth and Mentol Hygiene prior to buriol, cremotion, or r. if Hem 21 is morked or Hem 18 shows any injury, or other traumotic.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stofung the underlying couse lost. PART 2 OTHER SIGNIFICANT SIP UPPU- 19a. DATE OF OPERATION	DUE TO, OR AS A CO	DNOYCE DNSEQUENCE OF DNSEQUENCE OF ING TO DEATH BUT		2		CEPH ALVA
	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE [IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE 22g. I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did not 22b. SIGNATURE	ATH HOUR A.M. MOI P.M. 21e. PLACE OF INJUR (AT HOME. STREET, FACTOR itol) attended the deceose	d from	211. LOCATION SIREET 211. LOCATION SIREET 15 19 16 17 19 18 19 18 19 18 19 19 19 10 10 10 10 10 10 10	C. to 5 deoth occurred on the data	19 19 19 19 19 19 19 19 19 19 19 19 19 1	Y STATE
should be detock with the Stote De IMPORTANT: If It		URIAL, CREMATION, REMOVAL	. 23b. DATE		CEMETERY OR CREMATORY	DIRECTOR PHYSICI	toos m	MÖ''
		BURIAL	5/13/86	GARRI	SON FOREST	OWING	MILLS,	MD

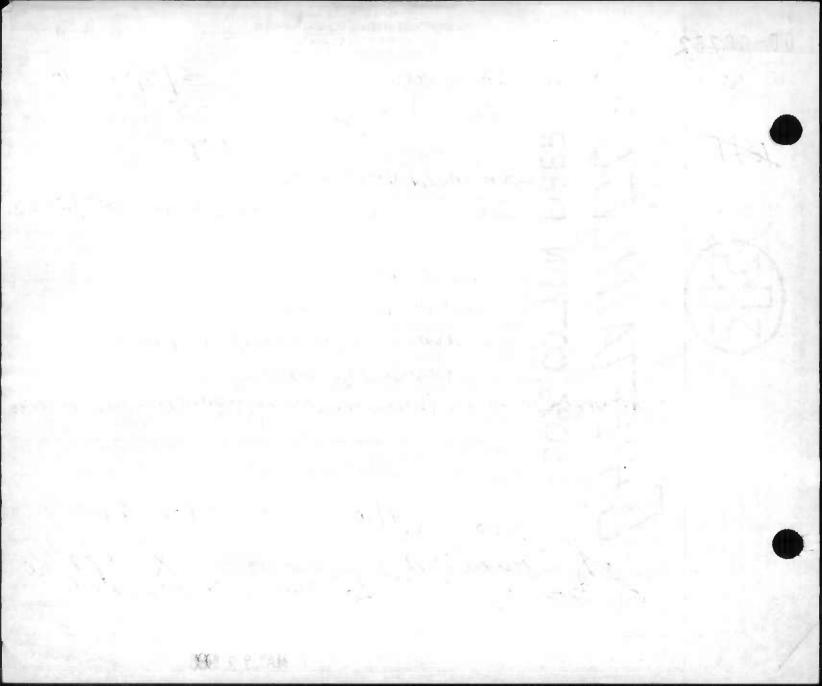
DHMH - 16 60M 7/84 (VRA 15, 4)

5/13/86 24 FUNERAL DIRECTOR WM. C. MARCH F/H 1101 E. NORTH AVE.

OWING MILLS, GARRISON FOREST 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

 MD^{STATE}

MAY 9 2 1988 Julia Navidon Frances



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

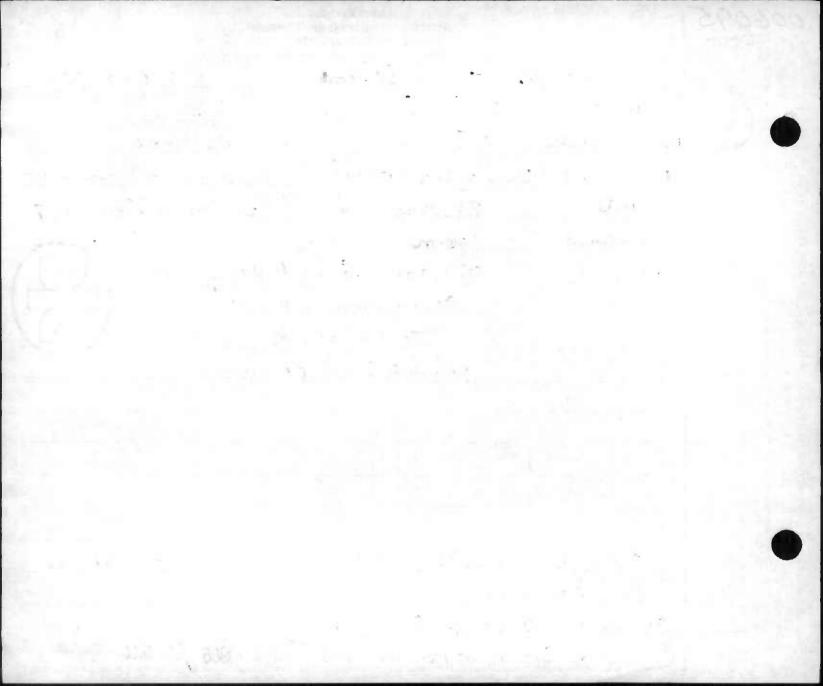
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r this certificate has been signed by the attending physician and complete the burial-tronsit permit. Then please remove corbonpopers. Pages 1 and 2 and Amental Hygiene prior to burial, cremation, or removal.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbonopopers. Pages 1 and 2 should be filled wo with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remavol. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumotic event, the medical perminer may be hariffer.
	TO FUNERAL DIRECTOR: After should be detoched for use os the with the State Dept, of Health or MPORTANT: If them 21 is morked to the state of the st

I		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0	0	
		CEASED NAME FIRST	MIDDLI	1	AST	20 DATE OF DEATH	MONTH DA	-1	2b HOUR
ı		Tell	pe.	Le	WION		20	86	13:45
1	3 SEX	male	4 RACE	S DATE C		6 AGE (IN YEARS LAST BI	WO	UNDER I YEAR	HOURS MIN
1	7a BII	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8.		9 BALTIMORE CITY	PR COUNTY O	F DEATH	
1	Poi	minican Republic	U) WIDOWE	D DIVORCED	Balt	tmore	Cut	tr ,
2	1	Saltimone	UNIV G	1 md Hosp	or other institution	12ª USUAL OCCUPAT	-		E OF M
	73a S	AL RESIDENCE 114 NURSING HOME OF		CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO		Royal	Terr	21217
0		UNKNOWW	MIDDLE	ebrond	15 MOTHER'S MAIDEN NA	WIDDLE		/ala	Squez
		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES GIV VES	MED FORCES? 16b /E WAR OR DATES)	57-3:4-6015	Gene N	adolny		as 1	3
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:	for 19, 161, ongic!	Imagella A	rvost		BETWEEN	MATE INTERVAL ONSET AND DEAT
		IMMEDIA	DUE TO, OR AS	A CONSEQUENCE OF	Cla la	, , ,	K.		(4)
ı		Conditions, if any, which gove rise to immediate couse (0), stating the	(b)	Sep1	16 Shock				
ı		underlying couse lost	(c)	Dropaule Dropaule	Viral PNG	2 umonia			
	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTR	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	D
7	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, VIN CERTIFYII YES	WERE FINDING CAUSES	NGS USED S OF DEATH?
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	AIN .	MONTH DAY YEAR	2 tc. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TIORPART 2)	
ı	EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE OF IN	NJURY ACTORY OFFICE FARM ETC }	211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK							
		22a.1 certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did) (did no		19	nd that in (my) (our) opinion	, to death occurred on the d	ote and hour o		that (1) (we) lo couses stated
		27 SIGNATURE POR	Peds		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED 1966
		Neil Pade	ett m)		22e. ADDRESS				
	23a B	URIAL, CREMATION, REMOVAL SECIFY)	23b. DATE 05-08-8	86 Securi	the Process	23d LOCATION GIVER TOWN		COUNTY	molate
	24 EU	INERAL DIRECTOR	ociety e	of Mel INC	20.144	PRECID. BY REGISTRAR	NE REGISTRA	AR'S SIGNAT	URE DZ
1	1	vernasion 3	uciety e	11/00/100	75.10	2 - 200			



(VRA 15, 4)

STATE OF MARYLAND

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

STATE

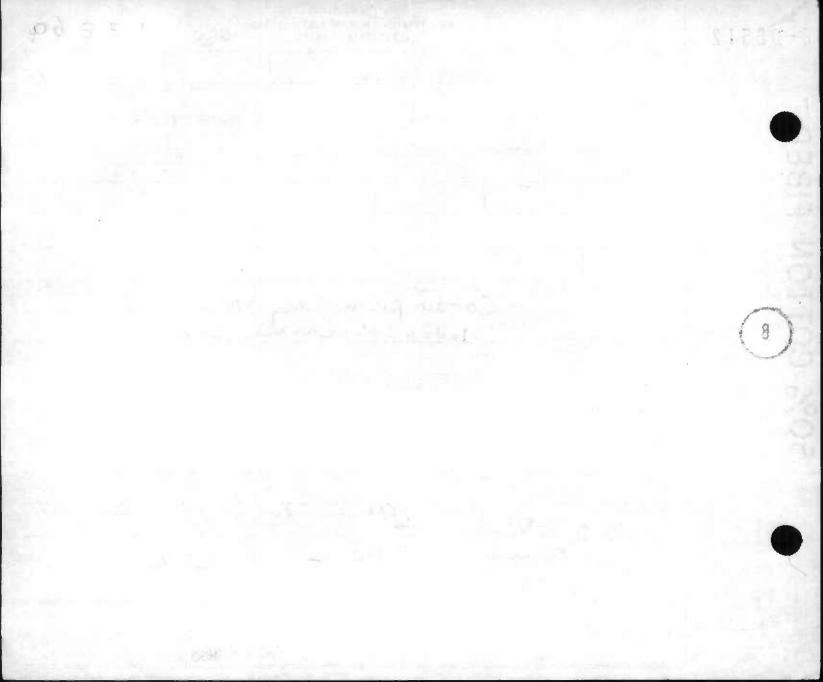
STATE



0-07388	1	FOR F.H., GI STATE REGISTRAR		DEPAR	CERTIF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. N		8 6 8
A 75		CEASED NAME FIRST E OR PRINT) ROY		MIDDLE	LE	re	May 20	mo-tri-	2b HOUR 1:19P M
deg L	3.58		4 RACE		Leave		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 Y	EAR IF UNDER 24 HRS
4 4		Male	В	lack	Mav	20, 1915,	71	YRS.	AYS HOURS MIN.
2 to 2 1	7a B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	NEVER MARRIED		R COUNTY OF DEATH	H
- 10 miles	10.0	S Carolina	U.S		WIDOWE		Baltimo	ore City	MD ND OF BUSINESS OR
A 100 48		Baltimore	(IF NOT IN SU Ma	aryland G	eneral	Hospital	(TYPE OF WORK FOR MOST C		
2	13g.	ALRESIDENCE (IF NURSING HOME STATE 136. CO. Maryland	OR OTHER INSTITUTION INTY. N/A	13c CITY OR TO Balti	more admission) wn	13d. INSIDE CITY LIMITS? YES 🚺 NO 🗌	13e.STREET ADDRESS	ZIP CODE 25th St.	1218
1 is a	14.7	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	eanie MIDDLE	Lee	LAST
	4	Bo WAS DECEASED EVER IN U.S. A		Burgess		17. INFORMANT	ADDRI		21207
		(YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)			Margaret			
1 5 1	-	18 CAUSE OF DEATH (Enter				Hargaret	bupiec 401		PROXIMATE INTERVAL
phys opogo went,		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Septio	shock			7	
		, state of		OR AS A CONSEQ	UENCE OF				
B B		Canditians, if any, which gave rise to immediate	(b)	pneumo	nıa				
D And S		cause (a), stating the underlying cause last.	DUE TO, (OR AS A CONSEQ Metabo	UENCE OF	cidosis, Elec	toli T e inbal	lance	0
Sperres 1 Sperres 1 New pile to burso njury, as	NO	PART 2 OTHER SIGNIFICAN	CONDITIONS			NOT RELATED TO THE TERM	winal disease or con Tuberulosis		it Ira
No los de	IFICAT	DATE OF OPERATION	19b. CONI	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOXX	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
CLAN T LEPTICOLE Malifrance Malif	AL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E OF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM IB PART I OR PART	T 2)
G PHYS C PHYS The flut ond Mar bed or it	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	Y STATE
A A A A A A A A A A A A A A A A A A A		22a.1 certify that (\$\mathbb{Z}\$ (this has	pital) attended t	the deceased from		, , , ,	6 , to May 20		36, that X (we) last
CTO PILET		saw the deceased alive abave, (K (we) (did) (XK	on May	y after death.	<u>86</u> , °	nd that in (m) (our) apıniar	death occurred on the d		
At OR At DREAM DIRECTOR AT DREAM DREAM DREAM TO BE DEPT		22h GIGNATURE	Leve	~ 40		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	ATE SIGNED
HOSPITU Binnell by FUNER Sold be d th the Sta	1	THE PHYSICIALS NAME (TYP	E. Ferre	er, M.D.		22e ADDRESS	and General		
BP 26	230.	BURIAL, CREMATION, REMOVA	23b. DATE 5/24			EMETERY OR CREMATORY Lburn Cem.	CITY OR TOWN	re, Maryl	and
DHMH - 16 60M 7/84		FUNERAL DIRECTOR PROV 0. Dveti	& Son	4600 T	ib. I		TE REC'D. BY REGISTRAR	256, REGISTRAR'S SIG	NATURE



0-06512	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 6 REG. NO.	13869
		CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oy be soge 3 death		Dun		LeGrande .	5	8 86 720 PM
ge 4 mo	3 SE	^x male	black	5. Date of BIRTH NONTH DAY 11 22 1910	6. AGE (IN YEARS LAST BIRTHDAY) 75 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
eath. Po	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) N.C	76. CITIZEN OF WHAT COUNTRY US A	MARRIED DEVER MARRIED WIDOWED DIVORCED	Baltimore c	
s ofter d	Ba	ITY OR TOWN OF DEATH	St Agnes Hos	pital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Disabled	126, KIND OF BUSINESS OR
BALTIMORE, MARYLAND 2120 The executed within 24 hours and completely filled in by the Poges I and 2 should be file to be madical examine flust be no	136.	Md 136	OF OTHER INSTITUTION GIVE RESIDENCE BEFORE DENTY 13c. CITY OR TO Baltimo	re 13d. INSIDE CITY LIMITS?	105 Wesley	
ompletely ompletely ond 2 s		James	H. Legran		MIDDLE	Legrand
e executor on a construction of construction or construction o		NAS DECEASED EVER IN U.S YES, NO ORUNKNOWN) (IF YES	s. GIVE WAR OR DATES) 166 SOCIAL SEC		and Wa	shington D. C. APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATH
SS, 201 W. PRESTON quires that he de signed by the description or burnel cremation, or livry, or other traumatic.	N	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICAL	DUE TO, OR AS A CONSEOL	a. Thalan	Lie brain	IVEN IN PART 110
DIVISION OF VITAL RECORDS PAG PHYSICIANI, The low-regul of the thirs certificate than been in out the busical-regard perent. The ond Meental Hyguene prior to orived or free. Ill shows any mily	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
OF VIII.		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
AND PHYS orlending the this c in the board hand Ma	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDE experied or ECTOR, As ed for use or or of Health	5		e on	5 2 , 19 8 , 19 8 , and that in (my) (aur) apinio	n death occurred on the date and ha	
MAT WHEN DE		22d. PHYSICIAN'S NAME (T	War on ADDALL	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DATE SIGNED
O HOSPITAL trained by the TO FUNERAL should be der with the Sont		A	TAC			
BP		BURIAL, CREMATION, REMOVE Burial		NAME OF CEMETERY OR CREMATORY t Zion Cemetery	Landsdown	COUNTY STATE MD
DHMH - 16 60M 7/84 (VRA 15, 4)	1	arch Funeral	Home West 4300 Wa		MAY 1 4 1986 Julia	Davidson-Handelle



DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Brown/Thompson F.H. 1913 W. Balto. St.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

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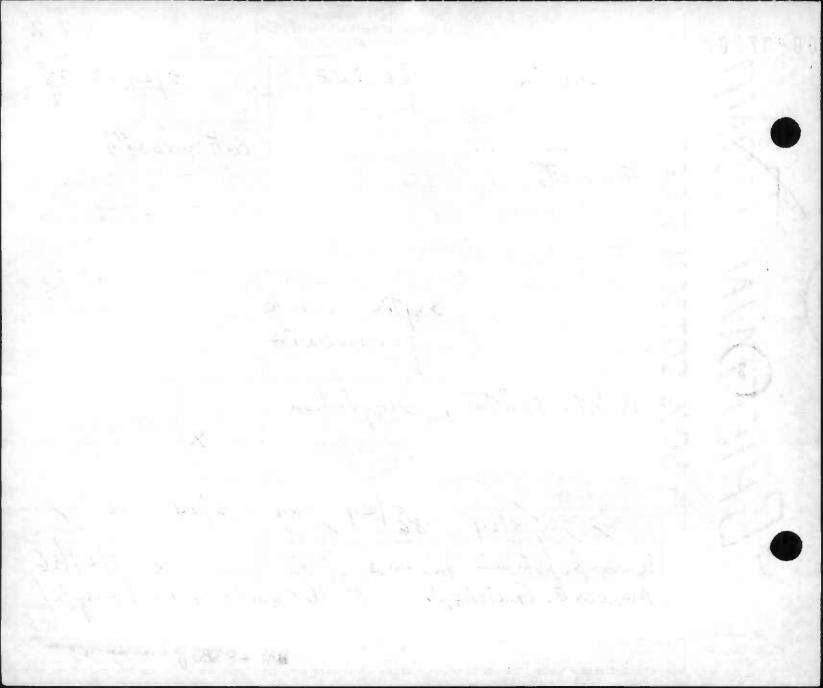
00-07868 rector, page 3 ars after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLANG 2170 certificote be TO FUNERAL DIRECTOR: After this certificate has been s should be detached for use as the burnol-transit permit. The pleawith the State Dept of Health and Mental Hygiene prior to the MAPORTANT: If them 21 is marked or Item 18 shows any injury, or the state of the st

1					STATI	OF MARYLAND					- 10	. 10.
	1.	FOR STATE		DEPAR	RTMENT OF H	EALTH AND MENT	TAL HYGII	ENE R 6		3 8	1	2
		REGISTRAR			CERTIF	ICATE OF DEAT	TH	REG. N	0.		-62	
		CEASED NAME FIRST	0	WIDDLE	1 1	AST		20 DATE OF DEATH	MONTH / BAY	1"44	2h HOUR	n
	{ I YPE	OR PRINT)	IA		LEI	JINE	- 1		5/24	1/86	8:1	2 11
	3. SEX		4. RACE		5 DATE C			6 AGE (IN YEARS LAST BIR	THDAY	NOER I YEAR	# 10/11/97	2 1005
		FEMALE	CAUC	CASIAN	FEB.	20, 1911	rEAR	75	YRS.	FHE BAYS	HOURIN	pline.
-	7a. 81	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER MARR		BALTIMORE CITY C	R COUNTY O	DEATH		
-/	I	VASHINGTON D.C.	U. S	S.A	WIDOWE			Battin	WYE C	ily		MD
0	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURS		R OTHER INSTITUT		120 USUAL OCCUPAT	ON	126 KIND O	F BUSINES	SOR
7		3 aftimore cil	N.	CHARLES	GENER	AL HOSPIT		HOUSEWIF		AT HO	OME	
	USUA 13a S	TATE 136 COU		GIVE RESIDENCE BEF		13d INSIDE CITY LI	IAAITS?	13e STREET ADDRESS	/ ZIP CODE			
1		AD .	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	BALTO)	YES X NO		4215 NADIN		21215		
	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MA	IDEN NAM					
		WOLF	WIDDLE	SCHEINM	IAN	DAISY		WIDDLE		COHEN	1	
1		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRI	SS			
	()	NO OR UNKNOWN) (IF YES GI	/E WAR OR DATES)	213-03-	6883	ARNOLD	BERNS	TEIN 9211	ORBITAN	RD.	21234	
		18 CAUSE OF DEATH Enter of	nly one couse per	line for ioi, (b),	and ic		,			BETWEEN	MATE INTERV	AL
		PART 1. DEATH WAS CAUSE	D BY: TE CAUSE (0)	5	4171	c 5 4	9 C/					
				R AS A CONSEG	DUIL NICE OF		0					
		Conditions, if any, which	((b)	. 43 4 6011364		4 mor	IA					
		gave rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEC	LIENCE OF							
		underlying couse lost.	(10,01	NAS A CONSEG	Aucto							
		PART OTHER SIGNIFICANT	CONDITIONS	DNIRIBUTING TO	O DEATH BUT	NOT REVATED TO T	HE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 11c)	
	ATION	Dichelis	ME/1:7	us:	1) sh	ydralio	n					
	CAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHIC	CH OPERATIO	WAS PERFORME		200 AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS USED	10
1	TIFIC					,		YES NO	IN CERTIFYIN		NO T	17
	CERTIFIC	210 ACCIDENT WAS UNDERLYING	1 110 110 1			21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)		
7		OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)		M. MONTH	DAY YEAR							
1	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION				COUNTY	(1)	
	M	WHILE NOT WHILE	(AT HOME, STR	EET, FACTORY, OFFIC	E FARM, ETC.)	STREET		CITY OR TO	WN	COUNIT	STA	KIE
		22a certify that (I) (this hosp	tal ottended the	e deceosed from	5/	24 19	86	5/2	19	86	hot w	e) lost
		sow the decosed of e or obove, (I we) (did (did no				d that in (pr) (our)	opinion de	eoth occurred on the de	ote and hour ar	nd from the c	auses state	ted
		22b. SIGNATURE	view the body	offer deoffi.		DEGREE				22c DATE S	SIGNED	
		Uraren C. L	Mica	- 0	MA.		DING	MEDICAL STAI		5/2	4/8	6
		22d. PHYSICIAN'S NAME ITYPE	OR PRINT)	1		22e ADDRESS	iciair []			0	110	-
		MARCOS B.	GALI	cia J.		World	CH	Arles C	= NEwal	Hos	1:ta	1
	230. 8	SURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION	7	1000	117	
		BURIAL	5/26/8			HEBREW CE		RÉTSTERS	TOWN BA	alto V	MD) TE
	24 FL	INERAL DIRECTOR SC	L LEVINS		ROS., IN		250 DATE	REC'D BY REGISTRAR	25b. REGISTRA	R'S SIGNATI	W. Call	
4	6	010 REISTERSTON		ADDRESS	3		MA	REC'D BY REGISTRAR Y 28 1986	gula Da	10000		1
	0	OIO KEIDIEKOIOK	IN IND . DI	THIO, I'M	4141							

DHMH - 16 60M 7/84 (VRA 15, 4)

6010 REISTERSTOWN RD. BALTO, MD 21215

BP.



00-06763

executed within 24 hours ofter death. Page 4 may be

anding physicion and campletely filled in by the funeral director. page 3 sarbonpapers. Pages 1 and 2 should be filed within 72 hours offer death

STATI	OF MA	RYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	1	3	8	7
_	REG. NO.				

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} <u>[</u>	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 O REG. NO		3 /
	PE OR PRINT)	-rank	MIDDLE	Lei	Jy		MONTH DAY YEAR	-
3.5	EX Male	4 RAC	E W	S. DATE C		6 AGE (IN YEARS LAST BIRT	8 YRS. MONTHS DA	YS HOURS
75 20.1	COUNTRY)	FOREIGN 76. CIT	U-S.A.	MARRIE WIDOWE	DENEVER MARRIED DIVORCED	BAITO	Ci Ty	
703	Balti m		NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF VENCOR	WORKING LIJE) INDUST	D OF BUSINE RY ALES
	JAL RESIDENCE (IF NUR. STATE	136 COUNTY	13c. CITY OR	BEFORE ADMISSION) TOWN	134 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS /		2121
00	SAMUEL	WIDDLE	LE		15. MOTHER'S MAIDEN NA FIRST FLORA	WIDDLE	J	ACOBS
	WAS DECEASED EVER	IN U.S. ARMED F		SECURITY NO. 18-739	RITA LEVY ST	03 HAMPNETT	0	212.
	Conditions, if any gove rise to im cause (a), statu	, which mediate mediat	UE TO, OR AS A CONS	apel	respirat	letus.	est	
NO	PART 2 OTHER SIG	e last	(c) Chrox	sic 1	NOT RELATED TO THE TERA	AINAL DISEASE OR CONE	DITION GIVEN IN PART	lio
CERTIFICATION	19a DATE OF OPERA	TION	b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAU YES	
	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH	b. TIME OF INJURY HOUR A.M. MONTH P.M.	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	21
MEDICAL	21d. INJURY OCCUR	HILE	e PLACE OF INJURY AT HOME, STREET, FACTORY, O	FFICE, FARM ETC)	21f. LOCATION STREET	CITY OR TO	wn county	SI
	22a.1 certify that (I) (this haspital) attended the deceased fram 19 84, to 19 84, to 19 85 as with edeceased alive on 19 85, and that in (my) (our) opinion death occurred on the date and hour oppose, (I) (we) (did) (did not) view the body after death.							
	226. SIGNATURE	1	vados	~	DEGREE ATTENDING	DIRECTOR PHYSIC		ATE SIGNED
	th	7	oano s	-		DIRECTOR PHYSIC	IAN	> 1/0
1	228 PHYSICIAN'SN	AME (TYPE OR PRINT)	OSS M	· G· ·	22e ADDRESS	any Nuv		6.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician.

> 24 FUNERAL DIRECTOR Eline Fu Funeral Home

FOR

Reisterstown, Md.

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAY 1 6 1986 Julia Lavideon Jungales

0.6778D-110 ₹**0** Line of the contract of the second se MORE SHOULD CAR A MINUTE way the state of t The same of the sa A CONTRACT OF THE PARTY OF THE AND THE PERSON OF THE PERSON O MILL STONE OF STONE

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CTAT	TE OF	MAD	YLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO.	10.0	3	8	7	-
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5-1	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6 REG. NO.	3 8 7
	DECEASED NAME FIRST TYPE OR PRINT) NN	A . A.	Levy	2a. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 753
-	SEX EMALE	4. RACE	5. DATE OF BIRTH MONTH DAY O X X	8 5 YRS.	IF UNDER 1 YEAR IF UNDER 2.
\$5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	D Salt C	X
42	Baltay	SIMA HORIZ	or of Daldron	TYPE OF WORK FOR MOST OF WORKING MERCHANT	READY to V
2 2	SUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	YES NO	GOX3XXXX WIND	
BO	FATHER'S NAME FIRST DAVID	MIOOLE CREENBAUM	15. MOTHER'S MAIDEI MOLLY	E GRO	LLMAN LAST
medica	O. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECU Z18-14-		S. CHARLOTTE GREEN NER AVE. BALTO.,	
njury, or other trou			ENCE OF	TERMINAL DISEASE OR CONDITION G	IVEN IN PART 100
8 shows ony injur	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH YES NO
-1 1	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIEY MEDICAL EXAMINE 21 INJURY OCCURRED NOT WHILE AT WORK AF WORK AF WORK	AID	AY YEAR 19 211. LOCATION	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	COUNTY ST
STANT: If them 21 is mo	sow the deceased plive or	maile	DEGREE ATTENDITE PHYSICI.	AN DIRECTOR PHYSICIAN	221. DATE SIGNED 5/5/06
IMPORTANT:	LAURENCE 30. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATI AR SINAI	ORY 234 LOCATION OWINGS MILLS	

DHMH - 16 50M 4/B2

BP.

24 FUNERAL DIRECTOR (VRA 15, 4)

6010 REISTERSTOWN RD.

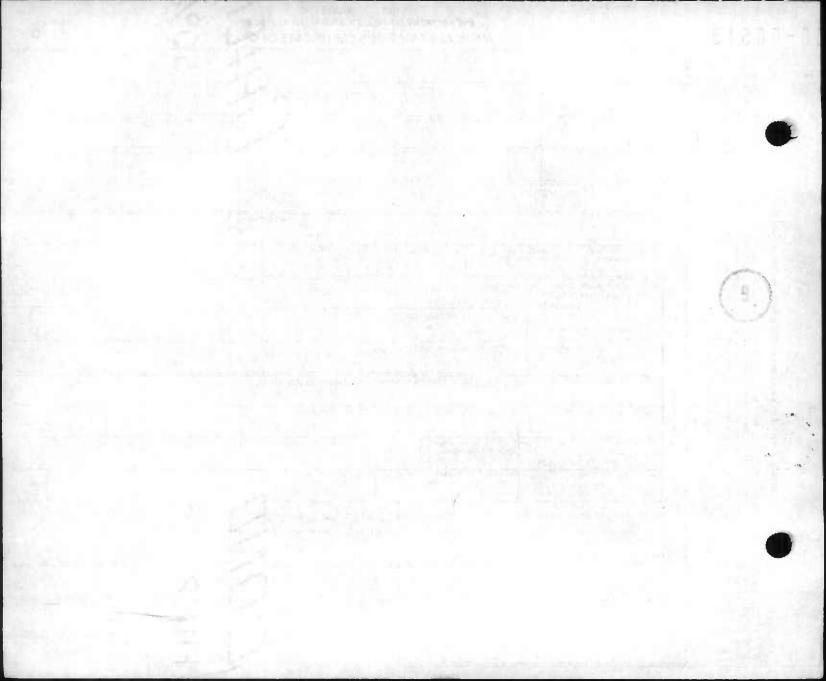
SOL LEVINASON & BROS. INC. ERSTOWN RD. BALTOS., MD 2

21215

250. DATE REC'D.

BY REGISTRAR 254 REGISTRAR'S SIGNATURE SAME

		.00		DEPARTMENT	TATE OF			ALE.			
0-06513	1-	FOR STATE REGISTRAR		DICAL EXAM				ATH O	13	8 7	6
	1. DE	CEASED NAME FIRST		MIDDLE		LAST		20. DATE KNOWN OF ESTI- DEATH MATED	MONTH	DAY YEAR	2b. HOUR
w a: .a vo . s	(TYP	E OR PRINT)	mmz z	0.	т така	TO		OF ESTI- 2 DEATH MATED		0610	
EASI TOR ILES DUR	3. SE)		TTY 5. DATE OF BIRTH		I.EW		IF UNDER 24 HRS	Zc. DATE	5-11-	DAY YEAR	2d. HOUR
REC JR F 2 HG		4.7 = ale	8 24	YEAR LAST B	2 YRS.		HOURS MIN	PRONOUNCED DEAD			
A VOI		emale Diack	7b. CITIZEN OF W		1.			9. BALTIMORE CITY	S-11-	OF DEATH	8:361
FELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. A PAGE 5 FOR YOUR FILES. SE FILED, WITHIN 72 HOURS. SE FOLD W PRESTON STREET,	FO FO	REIGN COUNTRY)		MAI COOMINI			ER MARRIED	Baltimore	_		
A STATE OF S	10.0	N.C.	USA	SPITAL, NURSING H	WIDO		DIVORCED [Bal CINOL (76. KIND OF BI	MD
STEE STEE	10. C1	TY OR TOWN OF DEATH	(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDI	ESS)	HER INSTITUT		MOST OF WORKING LIFE)	TPE OF WORK	OR INDUST	
S B P O DELA		altimore	Sinai	Hospital			Une	employed			
N ORD		L RESIDENCE (IF IN NURSING HOME) TATE 13b. COUN		13c. CITY OR TOV	VN	13d. INSIDE CIT	TY LIMITS? 13e. ST	REET ADDRESS		210	215
RETANY AND RETAND		Md		Baltimo	re	YES X	NO □ 30.	13 Thornda	le Aven	iue	
HTIMORE, MD. 21201 HFER DEATH. IF AN FORM PM. 3. RET GES 1, AND 2 SHOUL SIGN OF VIELE	14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHE	R'S MAIDEN NAM	E MIDDLE		LAST	
2 20148200	1	Owens	7115-5-1	Bryan	t.		nnie			Ford	
S CANON		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORM	ANT	ADDRE	55		
2 4 4 5 0 V	1	NO NO	WAR OR DATES	218-42-4	243	Fann	ie Bryant	t 2533 Shir	ley Av	enue	
		18. CAUSE OF DEATH (Enter or	nly ane cause per lin	e far (a), (b), and (c)	.)					APPROXIMAT BETWEEN ONS	TE INTERVAL
# £ \$ \$ \$		PART I DEATH WAS CAUSE	D BY:	Alcoholis						BETWEEN ONS	ET AND DEATH
2 18078	0	IMMEDIA		R AS A CONSEQUE							
# F = A Z = O		Canditians, if any, which									
W. PRED D WITTENCIL		gave rise to immediate cause (a) stating the under-		R AS A CONSEQUE	ICE OF						-
OI W. P. UTED WI N. PENCI EXAMIN RIAL: TRAI		lying cause last.		N AO A CONSEGUE	ice of					LIE CHI	
5, 301 W. PRESCUTED WITH GCCUTED WITH 5" IN PENCIL II. AL EXAMINE BURIAL-TRANS AND MENTAL		PART 2 OTHER CICKIEICANT CONDITIONS	(c)	I BUT NOT BELATED TO TH	TERMINAL DICEA	CE OR CONDITION	CIVEN IN BART 1 (-)				
	Specific Specific				C TERMINAL DISEA	SE OK CONDITION	GIVEN IN PART 1 (8).				
TAL RECORD HOULD BE E) RD "PENDINN CHIEF MEDIC USED AS A USED AS A AL, CREMATIC	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION V	VAS PERFOR/	MED?			28 AUTOPSY (HEAD	ONT W
FVITAL IN WORD "WORD "WO	FFC	Server leg et en	A Factor							(HEAD YES X	ONLY
OF VITA OF VITA ATE SHC E WORD THE CH ID BE U AENT OF BURIAL,	EE	210 EXTERNAL CAUSE WAS	216. TIME C			IOW INJURY	OCCURRED (ENTE	R NATURE OF INJURY IN ITEM	18 PART 1 OR PART		
SION OF RTIFICATI IG THE VA O TO TH SHOULD PARTMER		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.	M. MONTH DAY							
CERTIFICATE (CERTIFICATE STING THE WC SED TO THE STANDIND BUD PARTIMENT OR BUT STANDIND REPORTMENT	MEDICAL	ZId. INJURY OCCURRED		OF INJURY (AT HO	9 ME, 21f. LC	OCATION					
DIVISIC S CERTII SITING TOED T E 3 SH E DEPAI	ME		STREET, FAI	CTORY, FARM, ETC.)		STREET		CITY OR TOWN	COUN	чтү	STATE
NA A A A A A A A A A A A A A A A A A A		AT WORK AT WORK									
ATE, FOR' FOR' FOR' TE S		22a. I certify that I taak char	ge of the remains de	escribHEAD ON	Ty) Auto	psy 🗶],	Inspection,	Inquiry .	and in my api	nion	
A T T T T T T T T T T T T T T T T T T T		death resulted fram: Natu	oral causes X.	Accident,	Suicide	, Homic	ide Und	etermined manner].		
XA LD DIRE WIT WRYL	100	Ma.	. /\	- 1h 0.		TITLE (SI	PECIFY)				
AL EL MALE		ACTUAL SIGNATURE	NO UUT	eynul	-	M.D. ASS	istant ME	DICAL EXAMINER	DATE	5-12-	86
DIC.	4	The state of the s		7 7/11	M D						
S S S S S S S S S S S S S S S S S S S	1	(TYPE OR PRINT)	argarita	A. Korell	,M.D.	_ADDRESS_	III P	ennStreet	THE		
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STANDER, MARYLAND, 217	23a. B	URIAL, CREMATION, REMOVAL			F CEMETERY		ORY 23d. I	LOCATION	COUNT	TY	STATE
BP	1	Burial	5/17/86	Mt Zi	on Ceme	etery		andsdown		M	
DHMH - 17	24. F	UNERAL DIRECTOR	Annes		44-11		250. DATE REC'D. I	BY REGISTRAR 256. RE	GISTRAR'S SK	GNATURE	
(VR A15 ME (5)) 15M 7/76		March Funeral !	Home West	4300 Wab	ash Ave	enue	MAY 1 4	1026 Julia	Davidson	- Springer	
1,011,770								0		-	. 3



3		1_	FOR	-22a 4/2	8/86 mtb F		F MARYLAND LTH AND MENTAL I	HYGIENE	
11-1	3879	1-	STATE REGISTRAR		MED	DICAL EXAMINER	S CERTIFICATE	OF DEATH O REG. NO.	3877
0 0			CEASED NAME	FIRST		WIDDLE	LAST	20. DATE KNOWN MON	NTH DAY YEAR 26 HOUR
	SS. ES. ET,	1	CORPRINT		DEBORAH	H. LEWIS		OF ESTI-	11-86 19 M
	MRY, PEASE DRECTOR. COLR FILES. THE HOURS DN STREET,	3. SE	170000	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER 1 YR. IF UNDER	R 24 HRS. 2c DATE MONI	TH DAY YEAR 2d HOUR
	DANGE AND THE PROPERTY OF THE		male	White	11-21-5	111.0.		DEAD 4-	11-86 19 1:46BA
0	PERSON NEWS	70. B	RTHPLACE (STA		76. CITIZEN OF WH	. N	ARRIED NEVER MARE	BALTIMORE CITY OR COL	JNTY OF DEATH
	Bank a	10.0	Marylan ITY OR TOWN C		U.S.A	PITAL, NURSING HOME, OR	DOWED DIVORG	2012 0211020 02107	MD.
	の数型を行う	/			(IF NOT IN SUCH FAC	LLITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	OR INDUSTRY
F-1916	THE REAL PROPERTY.	USU	altimor	IF IN NURSING HOME	Sinai Ho	OSPITAL E RESIDENCE BEFORE ADMISSION)		Secretary	Education
21201	19680	13a. S	aryland	Ball	timore	Baltimore	138. INSIDE CITY LIMITS?	1016 Overbrook I	Road 21 21 2
	A STATE		ATHER'S NAME	241			15. MOTHER'S MAID	EN NAME	NOGO ELEXE
BALTIMORE, MD.	SW PM		John J.	Hook	MIDDLE	ŁAST	Doris S	MIDDLE	LAST
WO	F PAGE PORM ON O TO	16a V	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO		ADDRESS	
ALTI	S AFTER GIVE PA ITH FOR PAGES I		No	(1) 723, 0142	- WAR ON DAIES)	213-68-3553	D.W.Lewis	s 1016 Overbrook Ro	oad - 2/2/2
	5,6,3 ⊢.0		18 CAUSE OF	DEATH (Enter or	nly ane cause per line	far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N O	TEM ONO SERV SIENE		AKTIDEA		TE CAUSE (a)	Massive h	emorrhage		
W. PRESTON ST.	AL ALL		Candition	s, if any, which		AS A CONSEQUENCE OF	1/1	,12	
6.	WITH NCIL NCIL RAN ITAL		gave rise	e to immediate stating the under-	(b)		atony 66	12	
7	XAN NED AL-1	1.5	lying caus		DUE TO, OR	AS A CONSEQUENCE OF			
05, 2	G" II G" II G" II AND ATIO	10	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	OUT NOT RELATED TO THE TERMINAL C	SEASE OR COMMITTION CIVEN IN B	IBT 1	
RECORDS, 201	BE ED NOIN NEDICANA ALTHA	N			The state of the s	OF RELATED TO THE TERMINAL C	SCASE OR CONDITION GIVEN IN F	KKI I G	
RE	CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI TING THE WORD "PENDING". IN PENCIL IN TEM 13 DED TO THE CHIEF MEDICAL EXAMINER ALONG 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT DEFARMANT OF HEATH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	19a DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY?
IAI	SHORT SHOW	FI	les de la constante de la cons						YES NO
DIVISION OF VITAL	AEN MEN MEN MEN MEN MEN MEN MEN MEN MEN M		210 EXTERNAL UNDERLYING		216. TIME OF HOUR A.M.	MONTH DAY YEAR	CHOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM 18 PART) O	
O	ARTICA AR	MEDICAL	CONTRIBUTION	G CAUSE OF	DEATH P.M.	19			LA GALAGIA
VIS	DED DED	MED	21d. INJURY O	CCURRED NOT WHILE IT		OF INJURY (AT HOME, 21 ORY, FARM, ETC.)	LOCATION	CITY OR TOWN	COUNTY STATE
۵	RETHIS CERTING RAWARDED TREE PAGE 3 SHEET OF PAGE 2 SHEET OF PAGE 2 SHEET OF PAGE 2 STATE OF P		WHILE AT WORK	AT WORK					
		1	220 certify	y that I took charg	ge of the remains desc	ribed abave, held an A	utapsy X, Inspectio	in . Inquiry . and in my	y apinian
	STIFE BE STIFE STI		death resulte	d fram: Natu	ral causes A,	Accident, Suicide	, Hamicide	Undetermined manner,	
	WAN WAN		ACTUAL	Maria	es. Bout	SV 07.	TITLE (SPECIFY)	n+ DA	TE 4-12-86
100	ZER RES	1	SIGNATURE_	V-0032y -	Ovici	- 400	_M.DASSI.Sta	nt MEDICAL EXAMINER SIG	SNED 4-12-00
	A PER		EXAMINER'S N	NAME	Margarita	a A. Korell, M	.DADDRESS 1	11 Penn Street	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFIER DEATH WITH THE BALTMORE, MARYLAND	23a.B		ION, REMOVAL		23c. NAME OF CEMETE		23d LOCATION	COLINITY
07/84	1161		Burial		4-14-86	Moreland N	Mem. Pk.	Baltimore Baltimo	ore Maryland
25M	DHMH - 17	24. F	UNERAL DIRECT	OR	ADDRESS		25a. DATE	REC'D. BY REGISTRAR 256 REGISTRAR	S SIGNATURE
	(VR A15 ME (5))	M	itchell.	-Wiedefe	1d Home 65	500 York Road	21 21 2	APR 1 7 1988	widow-liganoses

			1	500		STATE OF MARYLAND		
0 -	- 0 8	6701	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 8 / 8
	41	8 4		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	y be	deoth	A COMPANY	JOHN	BENJAMIN	LEWIS, SR.	5	8 86 115 A W
	ge 4 mo	rector. po	3 SE	Mole	BLCK	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	
	eoth. Po	in 72 hor	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or coun	001
10	s ofter d	Sport the full of	10.C	32 thrue	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION (ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN BOOK SHIPPER	126 KIND OF BUSINESS OR
LAND 21201	n 24 hour	filled in State of the state of	USU 13a S	AL RESIDENCE (IF NURSING HOME OF STATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR			3122 Baker Stree
MARYL	ed within	ampletely and 2 st	14 F	SAM	MIDDLE LAST.	S SUSIE		UNKNOWN
BALTIMORE,	be execut	Foges 1		VAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC 10E WAR OR DATES) 336-01-	m. 0	3122esBak t Baltimore, M	er Street
W. PRESTON ST.,	hot the deoth certificate	by the attending glaves over remove critical properties of the control of the con		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), one DBY. ATE CAUSE (o) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	SOPSIS ENCE OF	5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SOLVEY
RDS, 201	equires	Then ple r to buric injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
AL RECO	he low r	hos bee	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS,	SICIAN: 1	s certificate buriol-transis Mental Hygin or Item 18 sh		2)0. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	IB PART : OR PART 2)
IVISION	NG PHY	After this e os the bud who olth and marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ATTENDII	for us of He 21 is		sow the deceased alive a	n 19 ot) view the body ofter death.	8 ond that in (my) (our) opinion	deoth occurred on the date and t	, 19 , that (I) (we) lost nour and from the couses stated
	TAL OR	TO FUNERAL DIRECTOR Should be deteched with the Stote Dept.	1	Chmu	mo 10	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	SLDATE SIGNED
	HOSPIT	TO FUNERAL should be det with the Stote		22d. PHYSICJAN'S NAME (TYPE	OR PRINT)	22e ADDRESS 2.2	2 S. Gree	est.
	D 5	F 4 3 ₹	23a. 8	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	

5/13/1986

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 NUTREERE & SONS FUNERAL HOME, INC.

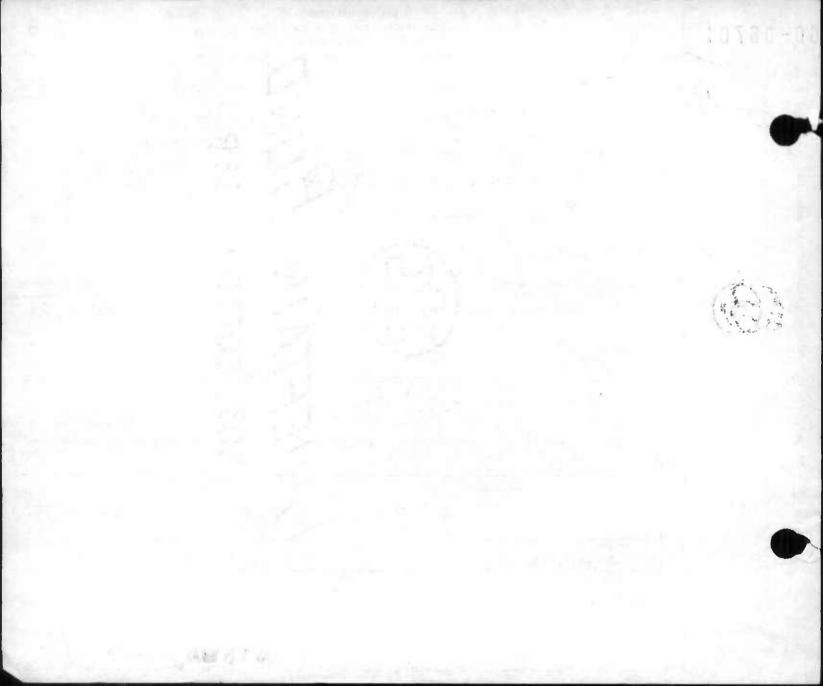
2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

Mt. Auburn Cemetery

STATE OF MARYLAND

Baltimore. 250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

Maryland



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 executed TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Depti. of Health and Mental Hygene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical ATTENDING

FOR

- STATE

		STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

0	6		
0	REG.	NO.	

1 3 8 7 9

		REGISTRAR					REG. N	Э.		
		CEASED NAME FIRST	MIDDLI	E	LAST Le	2003	20 DATE OF DEATH	MONTH	DAY PYEAR	25 HOUR
		MAGGI	E	L	EWIS			5/	5/86	9:20 a M
	3 SE	X	4 RACE		OF BIRTH		6. AGE (IN YEARS LAST BIR	THD AY)	MONTHS DAYS	HOURS MIN.
-		Female	Black	**************************************	10	̈́Ố4	81	YRS		
1		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHA	MARRI	D NEVER M	ARRIED X	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
6		North CArolina	U.S.A	. WIDOW	ED DIV	ORCED [BALTIMORE	CITY		MD
11	10. CI	ITY OR TOWN OF DEATH		PITAL, NURSING HOME	OR OTHER INSTI	TUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		126 KIND	OF BUSINESS OR
7		LTIMORE		MORIAL HOSP			N/A		Fari	m Work
1	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR		RESIDENCE BEFORE ADMISSIONS CITY OR TOWN Baltimore	136 INSIDE CIT	Y LIMITS?	316 East	ZIP COD 28th	Street	21218
8	14_FA	ATHER'S NAME ATTEN	MIDDLE LE	ewis	15. MOTHER'S		MIDDLE MIDDLE		Whitak	er
		WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17 INFORMAN	IT	ADDRE	SS	7	
		VES NO OR UNKNOWN) (IF YES GIV	VE WAR OR DATES)	10-60-9952	Dorot	hy WRig	ght 316 Eas	th Stree	et	
	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF T	DUE TO, OR AS	A CONSEQUENCE OF A CONSEQUENCE OF RIBUTING TO DEATH BU Renal fails N FOR WHICH OPERATIO	are d	ehyd		20b. IF YE		INGS USED
-	RTIFI		Abundas				YES NO	1	ES	NO [
7	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINE) 216. IN JURY OCCURRED	P.M. 21e PLACE OF IN	A.M. MONTH DAY YEAR P.M. 19 E OF INJURY 211 LOCATION				18. PART I OR PART 2) COUNTY STATE		
	Z	WHILE NOT WHILE AT WORK	EAT HOME STREET F	ACTORY, OFFICE, FARM, ETC.)	STREET CITY OR TOWN COUNTY STATE					
		220-1 certify that (1) this hosp sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	515	19 86	ond that in (my) (, 19 & C	eoth occurred on the di	ote and ho	our and from the	, that (1) lost e couses stated E SIGNED
		4,19	. Gloth	15	AT PI	TENDING HYSICIAN	MEDICAL STAI	IAN 🔀	5	15/86
		F. M. G 10+	h M		22e ADDRESS UNION		AL HOSPITAI			
		burial, cremation, removal BURTAL	23b DATE 5/9/86		cemetery or ci		Baltimor	e,	COUNTY	MD .STATE
		UNERAL DIRECTOR		ADDRESS	7-1	250 DATE	REC'D. BY REGISTRAR	256 REGIS	TRAR'S SIGNA	TURE
	M.	arch Funeral Ho	mes 1101	East North /	Avenue	MAI	s 1986	Julian	Davidson	Prisoner.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

E PHI MA

IMORE, MARYL	assecuted with	Poper and 21	- medical estimin
RESTON ST., BALT	B B	others og physical laye call aggradi ption, or remaral	Pourratic event, the
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYL	TO HOSPITAL OR ATTENDING PHYSICIAN: The low require that the death certains executed with retoined by the hospitol or ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been upned by the lattering physical and samplitude should be detached for use as the bunol-transit permit. Then place and concentration of the part of Health and Mental Hygene prior to bun in the State Dept. of Health and Mental Hygene prior to bun in the marilian.	IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other naving in event, the medical entiring
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Irecined by the hospital or ottending physicion.	TO FUNERAL DIRECTOR: A should be detoched for use with the Stote Dept. of Heo	IMPORTANT: If Item 21 is m

	1-	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6		3 8	8 0	
	1 DEC	CEASED NAME FIRST	MIDDLE		HTNER	2a. DATE OF DEATH MAY	29,	Y YEAR 1986	26. HOUR 2:00a	
	3 SE)		4. RACE BLACK	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
7	5	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE			ORE CIT		м	
6		BALTIMORE	11. NAME OF HOSPITAL, NURSIN	PTTAL	OR OTHER INSTITUTION	170 USUAL OCCUPATE (1YPE OF WORK FOR MOST C LAUNDRY WO	F WORKING LIFE)		F BUSINESS OF	
F	13a S MI	TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW BALTTIMOR	/N	YESX NO [13e STREET ADDRESS 1525 N. BO		EET (2	1213)	
5	14 FA	THER'S NAME BENJAMIN	MIDDLE BROWN		15 MOTHER'S MAIDEN NAME FIRST BLANCHE	MIDDLE		tas I	ANE	
1		VAS DECEASED EVER IN U.S. AI (ES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 217–12–73		17 INFORMANT THOMAS LIGHT	ADDRE NER 1525 N		ST (21	.213)	
		PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	ENCE OF	COLON CARCIN	VOLA				
7	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH (N WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE F			WERE FINDIN		
7	MEDICAL CER	216. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [OR CONTRIBUTING CAUSE OF DE OF EITHER NOTIFY MEDICAL EXAMINE OF THE CONTRIBUTION OF THE CONTRIBUT		19	21c. HOW INJURY OCCURR 21f. LOCATION STREET	ED (ENTER NATURE OF INJU		T I OR PART 2)	STATE	
	W	while NOT while AL WORK 22a. I certify that (Dethis hosp saw the deceased alive or above, (I) we find (did not 22b. SIGNATURS)	of view the body ofter death.	AY	28	, to MAY MEDICAL STA	29 ote and hour a			
		22d. PHYSICIAN'S NAME (TYPE)	/		PHISICIAN			PITAI MD:2	1231	

230 NAME OF CEMETERY OR CREMATORY

BALTIMORE CEMETERY

DHMH - 16 60M 7/84

BP.

24 FUNERAL DIRECTOR WM. C. MARCH FUNERAL HOME 11015 E. NORTH AVENUE (VRA 15, 4)

23b DATE 6/2/86

230. BURIAL, CREMATION, REMOVAL BURIAL

233 LOCATION BALTIMORE 250 DATE REC'D BY REGISTRAR 25% REGISTRAR'S SIGNATURE JUN 2 1886 Julia Davidon Andres

MONTE

COUNTY



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTIFICATE OF DEATH

6	1	-7	(3)	12	
\$ 0		J)	0	0	
		-			

DEPARTMENT OF BEATH AND MENTAL HYGINE REGISTRAR CERTIFICATE OF DEATH ROUND REGISTRAR REGISTRA
Trank W. Lindner May 26, 1986 Male White Nov. 17 1900 Baltimore Gradie of Foreign To. CITIZEN OF WHAT COUNTRY? Wildness of the property
Frank W. Lindner May 26, 1986 Male White Nov. 17 1900 85 YRS. Maried White Whit
Male White White Whove 17 1900 85 YRS. Married Nove 18 1900 1900 1900 1900 1900 1900 1900 1
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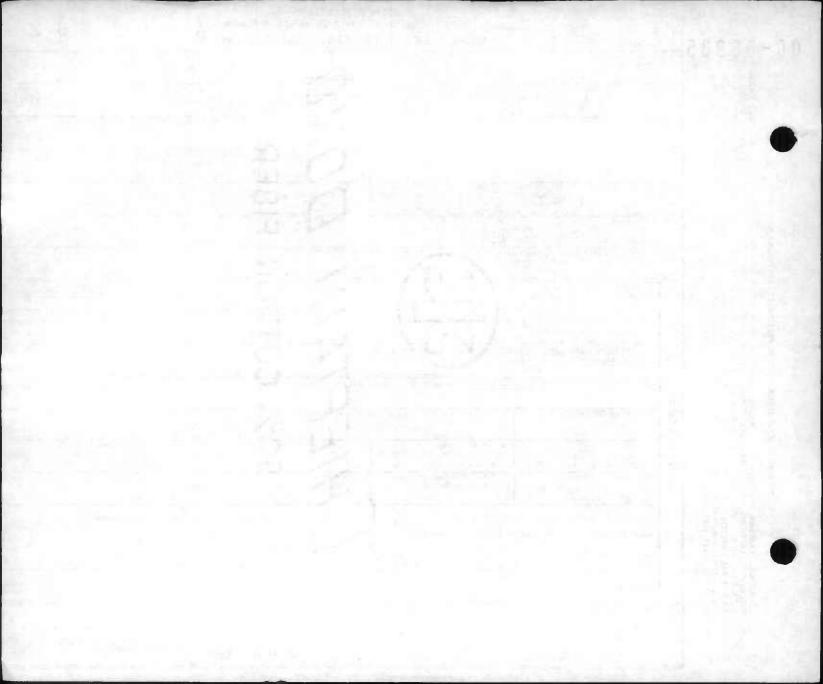
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	ZER SER		SIGNATURE_		car // x	1	VEN	(D/ASSISLO	ant MEDICAL	EXAMINER	S	IGNED	3-29-	-00
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		EXAMINER'S N (TYPE OR PRIN	T) De	nnis F. S	myth, M.D.	100	ADDRESS 111	Penn St	., Bal	to.,	Md.	21201	
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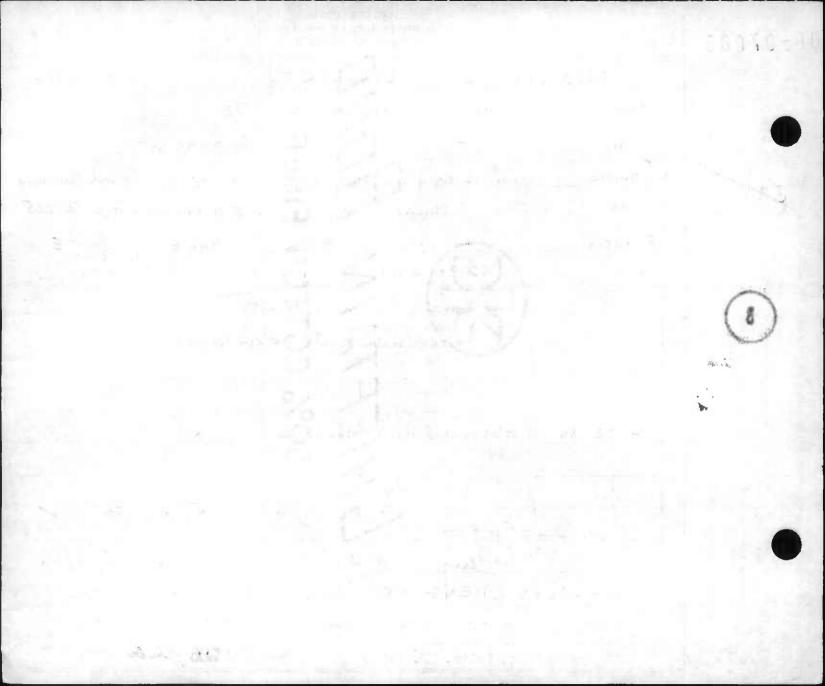
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the demonstrate to executed within 24 leaving death. Page 4 may be	0
retained by the haspital ar attending physician.	7
TO FUNERAL DIRECTOR: After this certificate has been signed by the a vinering physical and completely filled through the funeral director, page 3	0
should be detoched for use as the burial-transit permit. Then please remains about the State Dept. of Health and Mental Hygiene prior to burial, chemation, arminingly.	8

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ectar, pag			3 SEX		4. RACE White	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
uneral dir	ot ente.	25		OUNTRY) MD	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city or cou	ity	MD.
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Poges	medical	1		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV NO		014154	Frederick Li	ngner, Jr. (sc	Highview n) Pasade	n/Røl. ena Mol.
physical property	event, the			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY:	fla P	monary Arry	st	APPROX BETWEEN	onset and death 21122
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ter this cer	hand Ment		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE AT WORK ALWORK	21e PLACE OF INJURY		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
CTOR: Af	n 23 is ma			220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (yel) (did) (did no	anten / a /	19.86., or		death occurred on the date and	hour and from the	
RAL DIRE	State Depl			22b. SIGNATURE	tale Jan		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DAT	16/86
TO FUNE	he RT	1		22d. PHYSICIAN'S NAME (TYPE O	ES CHEN	G m.D	. ADDRESS	- Maryland	Hospita	2
				URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	236 DATE 5/19/86		edeemer	Baltimore	COUNTY	d. STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

3331 Brehms Lane, Balto. Md. 21213

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



poge 3 er deoth within 72 hours after DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detoched for use as the burial-tronsit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr. IMPORTANT: If them 21 is marked or them 18 shows any injury, or oth TO FUNERAL DIRECTOR: After this certificate has been

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6 REG. NO.

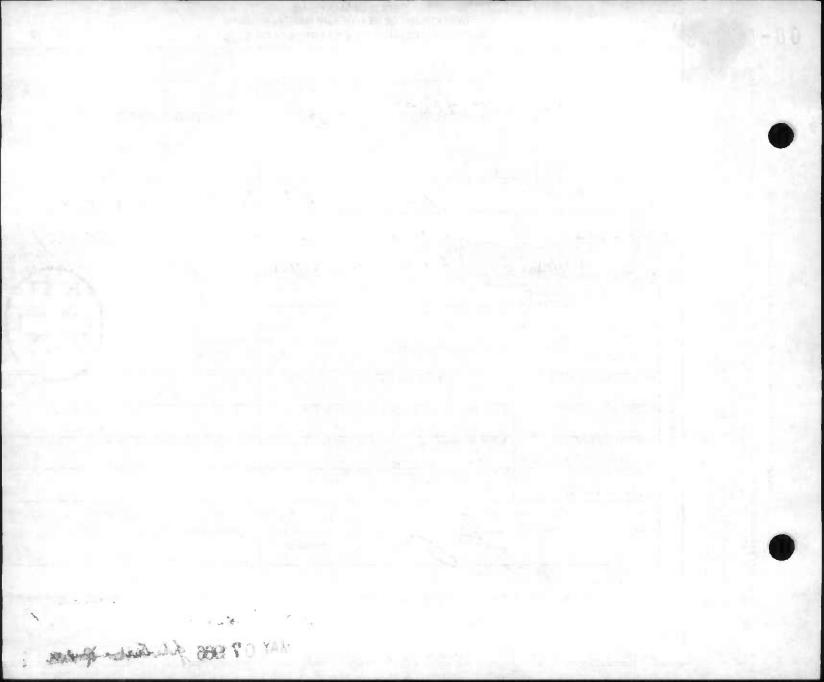
		CEASED NAME DENT	MIDDLE	/	14/e	26 DATE O	F DEATH MONTH	- 37-8/-	26 HOUR	
	3. SE)		4. RACE	5. DATE O	FRIDTU	L ACE	YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	# UNDER 24 HRS	
	3. 36/	Male	Black	MONTH	1-12-4/	AGE (IN	1/4	MONTHS DAYS	HOURS MIN.	
7	7a. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C			9. BALTIMO	RE CITY OR COL			
		COUNTRY) W. C	4.5. A	WIDOWE		A	etimor	O CIF	4 ME	
1	B	altimive	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, BUNDLOW		ROTHER INSTITUTION		OCCUPATION RK FOR MOSPOF WORK		N/A	
1	13c. S	AL RESIDENCE (IF NURSING HOME STATE Md	OR OTHER INSTITUTION GIVE RESID	YOR TOWN	13d INSIDE CITY LIMI	TS? 136 STREET	ADDRESS / ZIP C	Sope 2,	1217	
2	14. FA	ATHER'S NAME FIRST AM DSON	MIDDLE	Hle	15. MOTHER'S MAIDE Ada FIRST	N NAME	MIDDLE	Dan	iels	
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		gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF SQUARMON CELL CAUCE								
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		176 SIGNATURE	ray	/ 1	ATTENDII PHYSICI		STAFF PHYSICIAN	220. DAY 5	8/86	
		V. NARAYE	EN .		BAC	TIMOR	CKENS	AVE /	3	
	23a B	BURIAL, CREMATION, REMOVA SPECIFY) Burial	6/2/86		Forest Ve	CITY	ATION OR TOWN	Mills	MD	
	24. FL	JNERAL DIRECTOR	, -, -, -, -, -, -, -, -, -, -, -, -, -,					GISTRAR'S SIGNATU	1717	
	Mai	rch Funeral Ho	me West 4300	Wabash Av		MAY 29	1000	a www.doon-19		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE C MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR REG. NO I. DECEASED NAME KNOWN MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Little DEATH MATED 5/ 5/ 19 86 24 HOURS AFTER DEATH, IF ANY DELAY IS NECESSARY, PLEASE ITEM 18, GIVE PAGÉS 1, 2, AND 3 OT THE FUNERAL DIRECTOR. LONG WITH FORM, PM. 3, RETAIN PAGE 5, FOR YOUR FILES. FERMIT, PAGES 1, AND 2 SHOULD BE FILED. WITHIN 72 HOURS SHOW, DIVISION OF VITAL RECORDS, 201 W-PRESTON STREET. King D. 4. RACE IF UNDER 1 YR 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 10:49 DATE YEAR LAŞT BIRTHDAY) PRONOUNCED 9 Weako 38 19 86 DEAD DM 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED WIDOWED Baltimore City 18. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) LIF NOT IN SUCH FACILITY GIVE STREET ADDRESS) University Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) #213 13a. STATE 13c CITY OR TOWN 13e STREET ADDRESS 13b. COUNTY 33d. INSIDE CITY LIMITS? BAG 14. FATHER'S NAME MIDDLE 1AS1 MIDDLE 17 INFORMANT 160. WAS DECEASED EVER ADDRESS IN U.S. ARMED FORCEST GIVE WAR OR DATES CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
THE PUBERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT.

AFTER PLATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D
BAJTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Intravenous Narcotism IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T I CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO . 210 EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN STATE COUNTY AT WORK NOT WHILE AT WORK X. 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 5/6/86 SIGNATURE Assistant MEDICAL EXAMINER TO MEDIC EXECUTE T PAGE 4 SI EXAMINER'S NAME Kauffman. Penn (TYPE OR PRINT) Gregory 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236. DATE COUNTY STATE ARRISON 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5))



death certificate be

00-06399

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.	

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F	1. SEX	(-	4 RACE		5 DATE O		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		
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ń		Maryland	U.S.A	١.	WIDOWE	NEVER MARRIED	Baltimore City					
	The second lives	TY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURS	SING HOME O	120 USUAL OCCUPATI						
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	14 FA	THER'S NAME				15 MOTHER'S MAIDEN NAM						
		William	ROE	eckel		Matilda	WIDDLE	9	Stoetzer			
	160 V	VAS DECEASED EVER IN U.S. AF			CURITY NO.	17 INFORMANT	ADDRESS					
	{ }	(IF YES, G)	VE WAR OR DATES)	8-03	-2355	Bernard B. Lochte			Same			
		18 CAUSE OF DEATH (Enter of	nly one course per line f	or (a) (b)	and ici 1. A	4			APPROXI	IMATE INTERVAL ONSET AND DEATH		
	100	PART I. DEATH WAS CAUSE	D BY:	netw	1	Mastre	Carcino	me.				
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		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH								
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		226. SIGN TUFF	V.	0/	1	DEGREE			22c. DATE	SIGNED		
		Dair	- 111	Her	h	MAD ATTENDING PHYSICIAN	MEDICAL STA		5/	12/2		
	173	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	/ V .		22e ADDRESS	, DIRECTOR ET THIS	.,,,,,		1/4		
		Davis I	M. Hahn	M.D.		5601 Loch	5601 Loch Raven Blvd., Balto., Md.					
		BURIAL, CREMATION, REMOVAL	23b. DATE	23	c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION					
		Burial	5-11-8	36	Lorrai	ine Park	Balto. Balto. Mc					

DHMH - 16 60M 7/B4 (VRA 15, 4)

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should be detached for use as the buriol-transit permit. Then please remove carbanpapers. Pages with the Stote Dept. of Heolth and Mentol Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or ather traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the retained by the hospital or attending physician.

24 FUNERAL DIRECTOR Henry W. Jenkins & SOns Co., Balt., Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Unlotted E. Hoult's Children E. Hoult's Children
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be executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifi-retained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Joseph Richard Long MAY 18 1986 5-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8	DAYS HOURS		
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No 218-01-4917 Freda M. Dixon Same as	s 13e		
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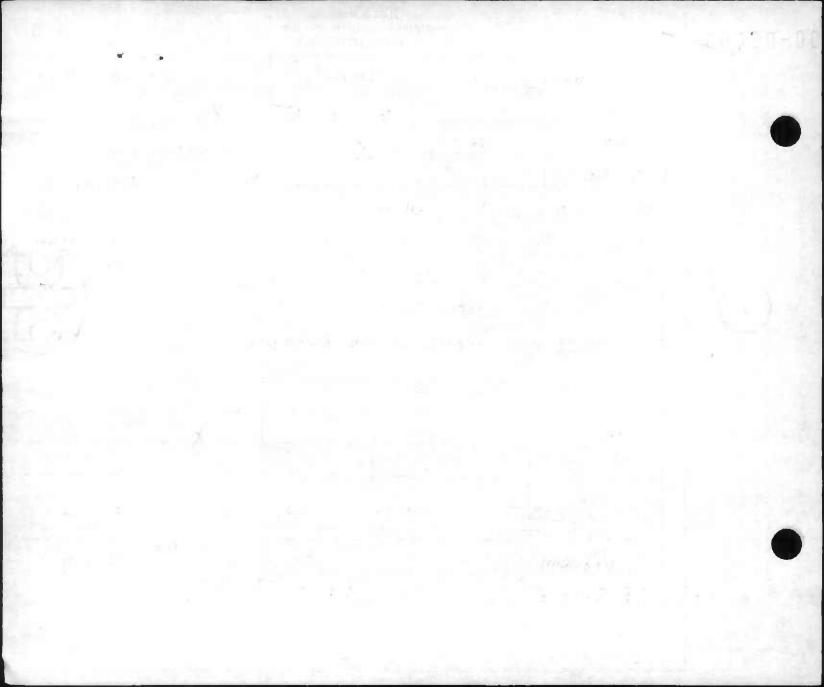
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DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

Hardesty Funeral Home 12 Ridgely ave. Ann

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



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OM 7/84		ERAL DIRECTOR				21229	250. DATE	REC'D. BY R	EGISTRAR 25b. R	EGISTRAR	SSIGNA	TURE TO THE
4)	Hui	bard Fu	neral 1	Home, Inc. 4	107 Wilke	ns Ave.	MA	Y 7.9	1986	ma Dev	d3=/-	Mandelle

39	1.	FOR STATE REGISTRAR		DEPART		TH AND MENTAL HYG	0 0) . NO.	3 8	3 9 0
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rs of	1	Male	- W	hite	Sept	. 27 1929	56	YRS	MONTHS DAYS	HOURS MIN.
35		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	9	WHAT COUNTRY?	MARRIED [NEVER MARRIED 🛣	9 BALTIMORE CIT Baltin	YOR COUNTY Nore Ci		MD
31	10 C	Baltimore	(IF NOT IN SU	CH FACILITY, GIVE STREET	AD ORESS]	ical Center	120 USUAL OCCUP		12b. KIND O INDUSTRY	F BUSINESS OR
36	130	AL RESIDENCE (FN COMMENTS AND C	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltimo	/N 13	I. INSIDE CITY LIMITS?	13e STREET ADDRES		n Stree	t 21231
and a	14. F/	ATHER'S NAME	WIDDLE	1.457	15	MOTHER'S MAIDEN NA				
500	1	Lawrence		oPresti		Carmela	A MIDDL	E	Butts	9.
4		WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	JRITY NO. 17	INFORMANT	AD	DRESS	21234	4
	1	NO NO (IF YES	GIVE WAR OR DATES)	212-30-	3340	Dominica V	DiPietro	8325]	-	-
ALL DELICATION OF THE PARTY OF	1	IMMED	IATE CAUSE (a)	Carda OR AS A CONSEOUS	ENCE OF	rest				mate interval onset and death
or other troumatic ev			DUE TO, C	caraya	ENCE OF	rest				
	N.	Conditions, if any, which gave rise to immediate cause (o), stating the	DUE TO, C	DR AS A CONSEQUE	ENCE OF		inal disease or c	ONDITION GIV		
7	TIFICATION	Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last	DUE TO, C DUE TO, C DUE TO, C C C T CONDITIONS C	DR AS A CONSEQUE	ENCE OF ENCE OF	T RELATED TO THE TERM	20a AUTOPSY?	20b IF YES	ZEN IN PART 110	G USED
79	CAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last	DUE TO, C DUE TO, C DUE TO, C (c) IT CONDITIONS C 19b CONE DEATH HOUR A	OR AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTION FOR WHICH	ENCE OF DEATH BUT NO OPERATION V	T RELATED TO THE TERM	200 AUTOPSY?	20b IF YES	S, WERE FINDIN YING CAUSES	NGS USED OF DEATH?
79	MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, C (b) DUE TO, C (c) IT CONDITIONS C 19b CONE DEATH NER) 21e PLACE	OR AS A CONSEQUE ONTRIBUTING TO D	ENCE OF DEATH BUT NO OPERATION V AY YEAR 19 21	T RELATED TO THE TERM	200 AUTOPSY? YES NOCE 20b IF YES	S, WERE FINDIN YING CAUSES	NGS USED OF DEATH?	
m 21 is monted of them 18 shows driv injury, or other travendric in		Conditions, if any, which gave rise to immediate cause iol, stating the underlying cause last PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING ALL EXAMINATION OF CONTRIBUTING OR CONTRIBUTING ALL EXAMINATION OF CONTRIBUTION OF CO	DUE TO, C (b) DUE TO, C (c) IT CONDITIONS C 19b CONE 19b CONE 21b. TIME C HOUR A P 21e PLACE (AT HOME, SI	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY M. MONTH DAM OF INJURY IREET, FACTORY, OFFICE F	ENCE OF DEATH BUT NO OPERATION V AY YEAR 19 21 FARM, ETC.) 21	T RELATED TO THE TERM /AS PERFORMED c. HOW INJURY OCCURF I LOCATION STREET 19 Act in (my) (aur) apinion of	200 AUTOPSY? YES NOTE NOTE NOTE CITY O	20b IF YE. IN CERTIF YE IN CERTIF YE IN JURY IN ITEM IS F	COUNTY	NGS USED OF DEATH? NO STATE
MPORTANT. If term 21 is morked on term 18 30 kms only milvry, or other troymorks en		Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHALE AT WORK 22a. I certify that (1) (this his sow the deceased alive.	DUE TO, C (b) DUE TO, C (c) IT CONDITIONS C 19b CONE DEATH NER) P 21b PLACE (AT HOME, S) on nable yiew the bady	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY M. MONTH DAM OF INJURY IREET, FACTORY, OFFICE F	ENCE OF ENCE OF DEATH BUT NO OPERATION V AY YEAR 19 21 FARM, ETC.) DEC	T RELATED TO THE TERM VAS PERFORMED C. HOW INJURY OCCURS I LOCATION STREET 19 Out in (my) (our) apinion of the control of	200 AUTOPSY? YES NOCE RED (ENTER NATURE OF CITY O	20b IF YES IN CERTIFY YE IN CERTIFY YE RIOWN	EN IN PART 110 S, WERE FINDIN YING CAUSES S PART I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc.

230. BURIAL, CREMATION, REMOVAL

Burial

May 21 1986 Most Holy Redeemer

Baltimore, Md.

23d. LOCATION
CITY OR TOWN

Baltimore

Maryland COUNTY

250 DATE RECD.

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A.H.C MALLER

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Leonard J. Ruck, Inc. Exitinore, Md.

12a USUAL OCCUPATION (TYPE OF WORK 10 CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Disabled Baltimore St. Agnes HOspital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) T3d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET ADDRESS 13a. STATE 13b. COUNTY Baltimore YES X 4611 Manordene Road 21229 Md 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE #IRS1 Lotts Lillv 7 INFORMANT ADDRESS The WAS DECEASED EVER IN U.S. ARMED FORCES? TAL SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 238-16-1474 Margaret Lotts 653 Dunbarton Avenue No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART J DEATH WAS CAUSED BY Pulmonary embolus IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditians, lif ony, which Fracture of tibia and fibula gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AND MONTH DAY YEAR 2Tr. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) XOR UNDERLYING MEDICAL 5-6-Subject fell down steps. CONTRIBUTING CAUSE OF DEATH 1986 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE AT WORK 4611 Manordene Rd., Balto. home Inspection

STATE OF MARYLAND

220. I certify that I took charge of the remains described above, held on Autapsy Agrident A Homicide death resulted from Natural causes TITLE (SPECIFY) Assistant Dennis F. Smyth, M.D. EXAMINER'S NAME TYPE OR PRINT ADDRESS

21201 111 Penn St., Balto., MD

230. BURIAL, CREMATION, REMOVAL 236. DATE Buria

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY 5/13/86 Eastview Cemetery

23d. LOCATION Baltimore

Undetermined manner

COUNTY

26 HOUR

2d HOUR

9:21 A_M

19 86

1986

OR INDUSTRY

LAST

20 AUTOPSY? YES X

5-8-86

Md

NO [

STATE

MD

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

Bell

DHMH - 17 (VR A15 ME (5)

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MIT. PAGES | AND P. S.
ME, DIVISION OF WITH

201 W. PRESTON ST.,

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, 1864 & SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.

CERTIFICATION

March Funeral Home West 300 Wabash Avenue

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAY 12 1986 my war yandet

20M 4/82

BP

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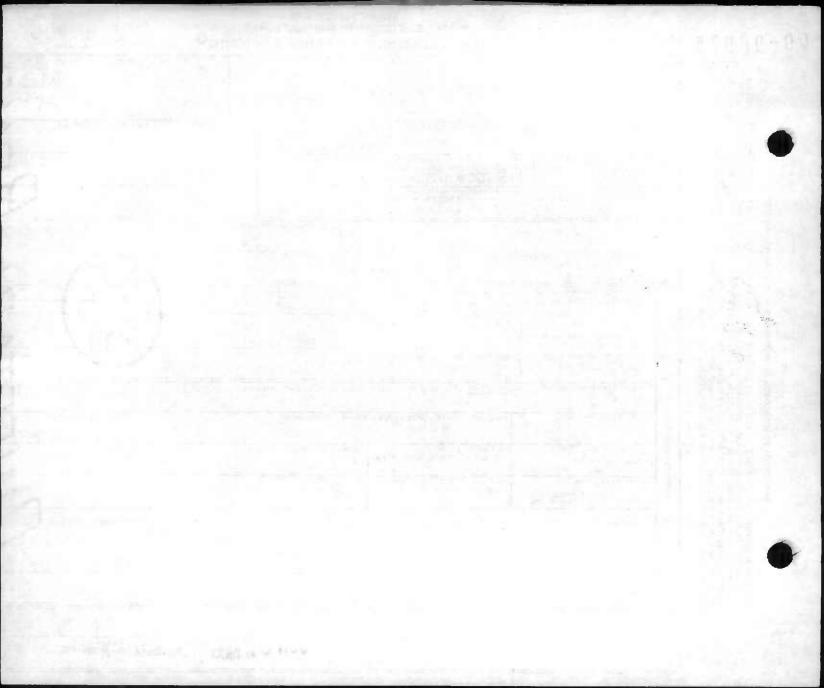
					STATI	OF MARYLAND					
065	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	6] 3	3	9 2
303	I DE	EASED NAME FIRST		MIDOLE		AST	2a. DATE OF D	REG. NO.	OAY YE	AR 2h I	HOUR
deo th	TYPE	OR PRINT) MAME		ERRY		OVE	ZE. DATE OF D	5		86 1	: 24 P
1	3. SE	l U	4. RACE		5. DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1		NDER 24 HRS
4	6	M	u	7	MONTH 5	21 1908	77	YRS	5	DAYS HOU	RS MIN.
536		RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED		CITY OR COUN		Н	
(2		MARYLAND			WIDOWE			nore Cit			MD.
4	17 0	TY OR TOWN OF DEATH		HOSPITAL, NURSIN TH FACILITY, GIVE STREET		R OTHER INSTITUTION		OR MOST OF WORKING			SINESSOR
7	1	Baltimore /		Agnes Hos			Self-E	nployed	S	ales	
2%	13a S	L RESIDENCE (IF NUTSING HOME OF TATE		13c. CITY OR TOW		13d INSIDE CITY LIMITS?		DRESS / ZIP CO			
2			timore	Arbutus		YES NO X		ircle Dr	ive, 2	1227	
12	FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA		MIDDLE		LAST	
X	V.		etcher	Love		Ameila			U	Jmlaui	ft
n		AS DECEASED EVER IN U.S. AL	RMED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
1	1	No	TE THAT ON DATES!	216-09-7	586	Judy Love Ci	mbglo,	1256 Cir			
		18 CAUSE OF DEATH (Enter o	nly one couse per	line for to), (b), one	dic.	000	10.	, ,-	AP BETV	PROXIMATE I	NTERVAL ANO DE ATH
ven	10	PART I. DEATH WAS CAUSI	ED BY TE CAUSE (o)	Acute	reno	al tailure	2/ Huss	minali	d	2	dans
ofic.				R AS A CONSEQUE	ACE OF		Inhav	00.00			, 1
		Conditions, if any, which	(b)	LIVEY -	failu	re of Circhosis	Trilling	a Dal		14	day
5	111	gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	JCE OF		Contract	Sman	-16		1
		underlying couse lost	(0)	K AS A CONSCOOL	.NCL OI			0			
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE (DR CONDITION	GIVEN IN PAR	RT Ira	
ony in	CERTIFICATION	190. DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP	5Y? 20b. IF	YES, WERE FI	INDINGS I	USED
3	1 8	5.6.86	Iv	hadel	Q,	Ascila	YES 🗇	INCER	RTIFYING CAL		DEATH?
-	ES	218. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR		Carry Carry			
1		OR CONTRIBUTING CAUSE OF DE	WIG.	M. MONTH DA							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e. PLACE	OF INJURY	19	211 LOCATION			1.5		
	ME	WHILE NOT WHILE	(AT HOME ST	REET FACTORY OFFICE F	ARM, ETC)	STREET	_	ITY OR TOWN	COUNT	Υ	STATE
		22a.1 certify that (I) (this hosp	utal) attended +b	an deceased from	14	14.86, 86		17.	10 86) these	(1) (we) lost
		sow the deceased alive of	5.	13. 19	26	d that in (my) (our) opinion	deoth occurred	on the date and h	hour and from		
		obove (1) (we) (did) (did no	ot) view the body	ofter deoth.		DEGREE				DATE SIGN	
		11	10	NHE	737	ATTENDING	MEDICAL	STAFF A		91	7-86
		22d PHYSICIAN'S NAME (TYPE	OR BRINT)	401 CC		PHYSICIAN [] DIRECTOR [_	PHYSICIAN 🗗) . (- 6
		SMIOINE	~	JAMEL	,	and Cala	. And	BAC	TO. 171	0 2	1779
						100 000	-		10/10	16	1166
	230 E	URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY		TOWN	COUNTY		STATE
	24.51	Burial NERAL DIRECTOR	5/25	/86 Me	adowr	idge Mem. Pk.	Elkri		Howard	-	ryland
B4	H11	bbard Funeral	Jomo T	ADORESS		21229 DAI	E REC'D. BY REC	SISTRAR 256, REG	ISTRAR'S SIG	MALLARIA	-
	Littu	board runeral	nome, In	c., 410/	Wilke	ns Ave.	MI 1 2	4			

DHMH - 17

24. FUNERAL DIRECTOR Anatomy Board (VR A15 ME (5))

Balto., Md.

DATE PECO, AV HIGISTRAR 256 REGISTRAR'S CIGNATURE



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VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		The law requires that the death certificate be executed within 24 hours after death. Page 4 may be
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eletely filled in by the funeral director, page 3 d 2 should be filed within 72 hours after death

1				STATE OF MARY	LAND				
1	FOR - STATE REGISTRAR		-	T OF HEALTH AND ERTIFICATE OF		IENE 8 6	7O.	3 8	9 4
	ECEASED NAME FIRST	MIDDLE		LAST		2a. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
1,	Will	iam A.		Lowery			5 3	0 1986	7:20 %
3. SE	X	4. RACE	5.	DATE OF BIRTH		6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Cauc.		6 16	1914	71	YRS.	ONTHS DAYS	HOURS MIN.
7a. B	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.			9. BALTIMORE CITY		OF DEATH	
	Maryland	U.S.A		MARRIED NEVER	ONORCED T	Baltimore	City		M
10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPI (IF NOT IN SUCH FACIL	TAL, NURSING H	OME OR OTHER IN		12a. USUAL OCCUPATION OF WORK FOR MOST	TION		OF BUSINESS OR
	Baltimore	405 S. Le				Retired		B.S.	. Co.
13a.	JAL RESIDENCE (IF NURSING HOM STATE 136 CC Maryland	DUNTY 13c. C	SIDENCE BEFORE ADM CITY OR TOWN Baltimore	13d INSIDE	CITY LIMITS?	13e. STREET ADDRESS 405 S. Le		treet 2	21224
14. F	ATHER'S NAME FIRST Carl	MIDDLE	Lowery		R'S MAIDEN NAMERST Bessie	WE		Fau	lkner
	WAS DECEASED EVER IN U.S.		OCIAL SECURITY	NO. 17. INFORM	ANT	ADDF	RESS		
-	(YES NO OR UNKNOWN) (IF YES	. GIVE WAR OR DATES)	3-09-160	08 Mrs.	Marv Oui	rk - 405 S	Lehi	ph St.	21224
	PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A	perater conscouence conscouence	ores forfatu E OF	Co colo	Leonard p	L lung		IMAYE INTERVAL ONSET AND DEATH
CERTIFICATION	19a DATE OF OPERATION			ERATION WAS PERF		200 AUTOPSY? YES NO	20b. IF YES,	, WERE FINDIN	NGS USED
	2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	JRY MONTH DAY	YEAR	NJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18, PA	RT I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN.	JURY CTORY, OFFICE, FARM,	ETC) 211 LOCAT		CITY OR F	OWN	COUNTY	STATE
1	220 L certify that (1) this has saw the deceased alive above, (1) two) (did) (did) 22b. SIGNATURE	aspital) attended the dece	5-7	, and that in m	ATTENDING	death accurred on the c	date and havr	22c. DAJE	
	22d, PHYSICIAN'S NAME (TO	PEORPRINT) ATERBURY	richo.	DEPT		FSKA		-	1 - 5,
23a.	BURIAL, CREMATION, REMOV (SPECIFY) Burial	AL 23b. DATE 6/2/86		ne of cemetery of ak Lawn	CREMATORY	23d. LOCATION CITY OR TOWN	Bal	county timore,	state Md.

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

24 FUNERAL DIRECTOR
Walter Dabrowski - 1005 Dundalk Avenue 21224

Baltimore, Md.

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

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,	REG. NO.	•		4,5		

06091	FOR STATE REGISTRAR		HEALTH AND MENTAL HYGIE FICATE OF DEATH	NE 8 6 REG. NO.	1 3 8 9 5
or. poge 3	DECEASED NAME (IYPEOR PRINT) 3. SEX FRIED BEU	121 L MONT	OF BIRTH DAY YEAR 6.	B. DATE OF DEATH MONTH AGE (IN YEARS LAST BIRTHDAY)	786 3:00 M IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
25	70 BIRTHPLACE (STATE OF FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH	WIDOW NAME OF HOSPITAL, NURSING HOME	ED NEVER MARRIED X 9	BALTIMORE CITY OR COUN BALTIMORE CITY OR COUNT BALTIMO	174 OF DEATH PC CITY MD. 175. KIND OF BUSINESS OR
36	16	(IF NOT IN SUCH FACILITY, GIVEATRISE DORESS) OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION UTY Damascus	13d. INSIDE CITY LIMITS? 1:	Laundress Laundress 3. STREET ADDRESS (ZIP CC) 1. STREET ADDRESS (ZIP CC)	Laundry DDE / Hayy 2087
150	16a WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO.	15 MOTHER'S MAIDEN NAME PIRST 17 INFORMANT	WIDDLE	Brown
ng physicion and banpapers. Poges removal.	No	577-03-8414	William M. Ly	rles, Gaithe	ightman Rd. rsburg, Md. 20879
signed by the ottending hen please remove carbo to burial, cremotian, ar re jury, ar ather troumotic e	Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	al disease or condition (GIVEN IN PART 1 o
t permit. It permit. I tene prier	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	198 CONDITION FOR WHICH OPERATIO		YES NO IN CER	YES, WERE FINDINGS USED ETIFYING CAUSES OF DEATH? YES \(\text{NO} \)
After this certificate e os the buriol-transi olth and Mental Hygi marked ar Item 18 sh	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA OR CEITHER NOTIFY MEDICAL EXAMINER OF THE NORK AT WORK AT WORK AT WORK	HOUR A.M. MONTH DAY YEAR	211. LOCATION STREET	CITY OR TOWN	(OUNTY STATE
DIRECTOR. ached for us Dept. of He if Hem 21 is	22a I certify that (1) (this haspi sow the deceased alive an	attended the deceosed from 1986.	DEGREE ATTENDING	MEDICAL STAFF	, 19 6 , that (I) (we) lost naur and fram the causes stated
hould be with the St	220 PHYSICIAN'S NAME (LYPFO Neil Padg	ett mo	PHYSICIAN D	tospital 225	greenest zizo
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c. NAME OF	cemetery or crematory endship	23d. LOCATION	COUNTY STATE

(VRA 15, 4)

Olin L. Molesworth, P.A., Damascus, Md.

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, V	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death sentence be executed within 24 hours after about retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the offer that the circumon completely filled in Entire functional should be detached for use as the burial-transit permit. Then please remove action appear Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation
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DIVISION OF VITAL RECORDS, 201 W. PRESION SI., BALLIMORE, MARTLAND ZIZI	1	Ba)
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR. After this certificate has been signed by the otte uting the should be detached for use as the buriol-transit permit. Then please remove a transportant has State Dept. of Health and Mental Hygiene prior to buriol, cremation.
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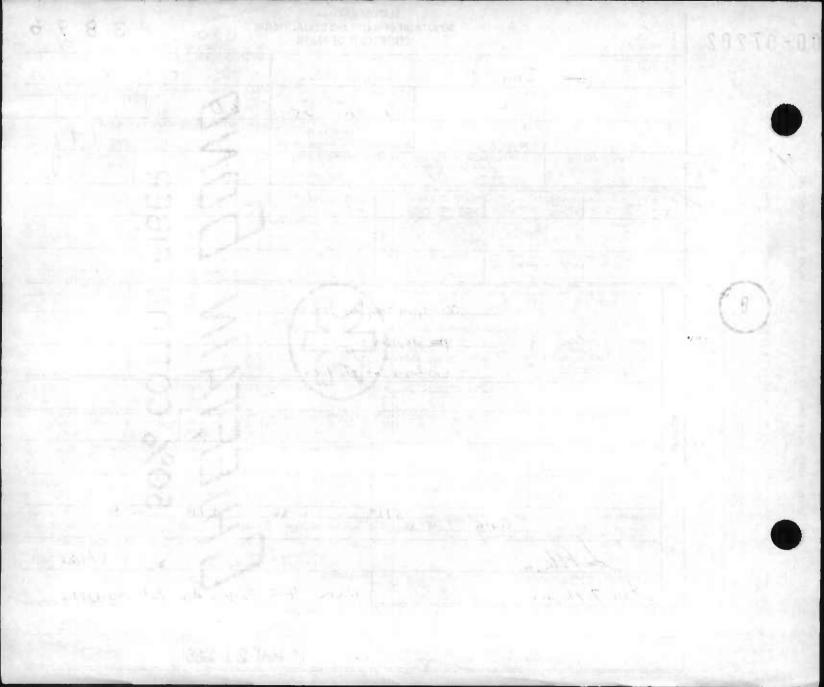
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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3	6	Mer y Mayor	3	8	9	-
	REG NO.					

	CEASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR
{TYPE (OR PRINT)	LANA T	John	0.	1	unn	Sn			5 1	19 2	86	7.55
3. SEX	(14	RACE		5. DATE	OF BIRTH		6 AGE (INY	ARS LAST BIR	THDAY)	IF UNDE		IF UNDER 2
	M		B		MON		YEAR	6	0	1485	MONTHS	DAYS	HOURS
7n BIE	RTHPLACE (STATE)	OP FORFIGN 7h	CITIZEN OF	WHAT COUN	ITPY2 8	18	25	9. BALTIMO	RE CITY O	R COUNT	Y OF DE	ATH	
C	OUNTRY)	31. TO 11. 13. 14.			MARR		R MARRIED	100			RYLAI	13	til
	RYLAND TY OR TOWN OF D	EATH 11	U.S.A		URSING HOME		DIVORCED X	120. USUAL	IMORE				BUSINES
10. СП	TOR TOWN OF L	LAIN I'		ICH FACILITY, GIVE		OK OTTIEK II	.5111011011	(TYPE OF WOR	FOR MOST O	F WORKING I		USTRY	()
	LITIMORE		and the state of the				L CENTER	R BETH	-STEE	لك			
13a. S	AL RESIDENCE (IF N STATE	13b COUNTY		13c. CITY OR	BEFORE ADMISSION		CITY LIMITS?	13e.STREET					
MAI	RYLAND			BALTI	MORE	YES 🔀	NO 🗌	2303	EAST	HOFFI	MAN	STRE	ET 21
14 FA	THER'S NAME	AJE	DDLE	LAS	ī	15. MOTHE	R'S MAIDEN NA	ME	WIDDLE			LAST	
	JOHN			LYNN		AL	ICE				1	WASH	INGT
16a W	VAS DECEASED EV			166 SOCIAL	SECURITY NO	. 17. INFORA	TUAN		ADDRE	ESS			
	res, no or unknown)	(IF YES, GIVE W	YAR OR DATES)	22014	1104	VERN	ONA M. J	YNN 23	03 EZ	AST H	OFFM	AN S	TREE.
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DHMH - 16 60M 7/84 (VRA 15, 4)



	FOR	
•	STATE	
	REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	6 REG. NO.	1	3	8	9	7
	REG. NO.					

	1. DECEASED NAME	SEPHINE MIDDLE	LYON	20. DAIF OF DEATH 2018	DAY YEAR 26 HOUR 11:4	IOA
A	Female	4 RACE White	Jahuary 1913	6 AGE (IN YEARS LAST BIRTHDAY) 73		HRS MIN.
35	7a. BIRTHPLACE (STATE OR FORE COUNTRY) Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE (MD.
3	10. CITY OR TOWN OF DEATH BALTIMORE	. I (IF NOT IN SUCH FACILITY GIVE	URSING HOME OR OTHER INSTITUTION STREET HOPKINS HOSPITAL	USUAL OCCUPATION OFFICE WORK FOR MOST OF WORKING OFFICE Manager	12b KIND OF BUSINESS INDUSTRY Heart Asso	OR C.
d see	Maryland 13	HOME OR OTHER INSTITUTION GIVE RESIDENCE COUNTY 131. CITY OR Balt	imore 13d. INSIDE CITY LIMITS	3900 N. Charl	es St. 21218	
examin	Robert Murra		Mary Jos	ephine Ball	LAST	
e medico	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) NO	E YES GIVE WAR OR DATES!	SECURITY NO. 17 INFORMANT 2-3012 Margaret B	auer 113 Brandon		
ury, or other traumatic event,	Canditions, if ony, we gave rise to immediate cause to), stating underlying cause	the due to, or as a cons	SEQUENCE OF	hythau 2	APPROXIMATE INTERVAL BETWEEN ONSET AND DE 4-5 AC 74 days 3 4 days SIVEN IN PART 110	2
18 shows any inj	190 DATE OF OPERATION 22 110. ACCIDENT WAS UNDERSTORE OF CONTRIBUTING TO CAU	YING 216. TIME OF INJURY	HICH OPERATION WAS PERFORMED A DAY YEAR 21C HOW INJURY OCC		(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO	>
orked or Item	(IF EITHER NOTIFY MEDICAL 218. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OI		CITY OR TOWN	COUNTY STAT	I E
ANT: If Item 21 is m	sow the deceased	(did got) view the/body after death.	DEGREE ATTENDING PHYSICIAN		, 19_&6_, that (I) (we out and from the causes state	
IMPORTANT	230 BURIAL, CREMATION, RE.		JOHNS F	lopkins Hospi	v. Maryland STAI	
M 7/B4	Burial Mitchell-Wied	May 29,1986	6500 Vonts Dd 250.	DATE REC'D. BY REGISTRAR 256 REG	STRAR'S SIGNATURE	x.

DHMH - 16 60M 7/

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STATE OF MARYLAND

MONTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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MPORTANT:

CERTIFICATION

MEDICAL

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FOR - STATE REGISTRAR 1. DECEASED NAME LIYPE OR PRINT 3. SEX

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Baltimore

5. DATE OF BIRTH

20 DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY)

YRS

9 BALTIMORE CITY OR COUNTY OF DEATH

IF UNDER I YEAR IF UNDER 24 HRS

2b. HOUR

male 7a. BIRTHPLACE

76. CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED DIVORCED

12ª USUAL OCCUPATION

126 KIND OF BUSINESS OR INDUSTRY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

10 CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a. STATE

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN

LAST

134 INSIDE CITY LIMITS? NO

15. MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE

MIDDLE

TYPE OF WORK FOR MOST OF WORKING LIFE

LAST

14 FATHER'S NAME

(YES, NO OR UNKNOWN)

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

SOCIAL SECURITY NO

DNY 2916 WEEDS dale

20b. IF YES, WERE FINDINGS USED

COUNTY

18 CAUSE OF DEATH (Enter only one couse per Ing for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

136. COUNTY

MIDDLE

FIRST

STATE OR FOREIGN

4 RACE

CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

200 AUTOPSY?

couse (o), stoting the lost. underlying couse

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

Conditions, if ony, which gove rise to immediate

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a

19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NOF YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OF TOWN

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19 21e. PLACE OF INJURY

211 LOCATION STREET

STATE

(we) last

NO [

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on May O above, (1) (wat did) (did not) view the body after death.

DEGREE

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the agree and hour and from the causes stated

22c. DATE SIGNED

SALAME (TYPE OF PRIM 22d. PHYSICIAN

230 BURIAL, CREMATION, REMOVAL

226. SIGNATUR

AT WORK

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING

PHYSICIAN

23d LOCATION CITY OR TOWN

STATE

BP.

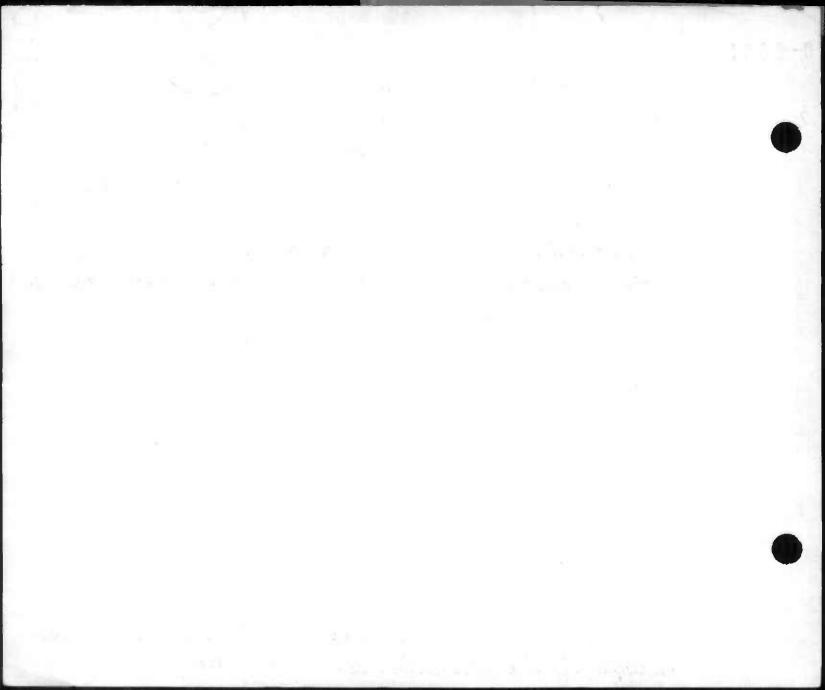
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DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR

236. DATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Cert	ng l
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-	OSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be add by the happing or attending physician.	UNERAL DIRECTOR After the certificate has been signed by the ottending physician and conditions and in by the funition director, page 3 discussions as the burief small being remove corbonopen. Figure and conditions are supported by the place of the base of t
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-	25	d by d
	T d	ERA Store
	S P	S P P

0-05875	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	13899
	1. DE	CEASED NAME FIRST	WIDOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
may be poge 3	0"	CEASED NAME FIRST FOR FIRST FOR FIRST FIRST FOR FIRST FIRST FOR FIRST FOR FIRST FIRST FIRST FIRST FOR FIRST	liam Macke	1	5-5-86	8:30AM
4 may	3. SE	X	4. RACE	S DATE OF BIRTH 1°2" 28" 191°0"	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
Poge 4 r	47.0	Male	В.	12 28 1916	75 YRS	
eoth. P	B	IRTHPLACE (STATE OR FOREIGN COUNTRY) alto., Md.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUN	TY OF DEATH MD.
by the fu	10. C	Balto.	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH EACHITY, GIVE STREET N. MO	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING MUSCCIAN	17b. KIND OF BUSINESS OR INDUSTRY Entertainm
24 hour	USU 13a	AL RESIDENCE (IF MURSING HOME OF STATE 13b COUP	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW Balto		137STREET ADDRESS / ZIP CO	DE St. 21217
ed within	14. F.	John W. Mac	kel LAST	15. MOTHER'S MAIDEN NA		LAST
e execut		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU 214 18		Mackel 717	N. Mongoe St.
is that the death certificate ted by the ottending physical please remove corbon paper riol, cremation, or removal, or other traumatic event, the	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUIDATION OF TO THE TOTAL OR AS A CONSEQUIDATION OF T		arvise.	
inen signe hen p prin o bur		PART 2. OTHER SIGNIFICANT (Hihala	DEATH BUT NOT RELATED TO THE FERM OPERATION WAS PERFORMED	TON AUTOPSY 1208 IF Y	ES, WERE FINDINGS USED
28 23 3	Į₽.					YES NO D
SICIAN Sphysic certificat indition mail tryg feer 18 s		21s. ACCESNI WAS UNDERLYING OR CONTRIBUTING	HOUR A.M. MONTH DA	AY YEAR THE HOW INJURY OCCUR	RED (\$4/100 NATURE OF RIGHTS IN ITEM 10	FAMIL (DEPAILS)
offered or had by had b	MEDICAL	WHILE OCCURRED	TIE PLACE OF INJURY (ATHOME STREET, FECTORS, OFFICE I	ARM, ETC.) 311 LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDR April or CTOR. A 1 for use 1 for use 2 for use 2 for use 2 for use 3 for use 3 for use 3 for use 4 for use 5		120.1 certify 1/4: hosp saw predeceased gave an above ((1) we) (the (1) id no	tal) attended the derensed from 1950 over the badypatter death.		death occurred carrie date and ho	bur and from the causes shated
HOSPITAL OR AT aired by the hosp control of the hosp of the hosp of the hosp of the best o	-	776 CHYSTIANS NAME AND OFFICE OF CHYSTIAN S NAME AND CO	Telapela A	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
2	73a.	BURIAL CREMATION, REMOVAL		NAME OF CEMETERY OF CREMATORY Arbutus	Batto.	COUNTY Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director as. A. Mortor	a & Sons 1701	Laurens St. MA	Y 7 1986	Thick down the party of the par

	1		STATE OF MARYLAN	1D			
0-06266	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MI CERTIFICATE OF DE		1	3 9	00
0-00300	1 DE	CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
noy be	{TYPI	PALMER	MACKEY		4 25	86	4:40 pm
4 moy	3. SE	X A R	ACE S. DATE OF BIRTH	6 AGE (IN YEARS LAST B	BIRTHDAY) IF L	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
e do	70 B	RTHPLACE (STATE OR FOREIGN 76)	CITIZEN OF WHAT COUNTRY? 8	73 62 BALTIMORE CITY	OR COUNTY OF	F DE ATHO	1.0
deoth	W	CArolina	U. 5, A WIDOWED DIVE	ORCED ONLA	·more	(2	ty MD
o other	100	by W.	MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF BALITIMORE, MARYLAND	12d USUAL OCCUPA (Type of work for most	OF WORKING LIFE)	INDUSTRY	F BURNESS OR
ND 212 24 hours filled in ould be		AL RESIDENCE (IF NURSING HOME OF OTH 13b COUNTY	er institution give residence before admission] 136 CITY OR TOWN 136 INSIDE CIT YES 7	Y LIMITS? 13. STREET ADDRESS	W COBES	her.	Z211
MARYLAND red within 24 ond 2 should exomine mass	IA. FA	THER'S NAME FIRST MIDD		MAIDEN NAME MIDDLE	EI	17	2
		VAS DECEASED EVEN IN U.S. ARMED			RESS	Zh.	/ ^
rifficote be execu-	L	YES, NO OR UNKNOWN) (IF YES, GIVE WA	265 40 1360 May	5 Mischay!	737-1	84 Nik	MATE INTERVAL ONSET AND DEATH
201 W. PRESTON Set that the death ce ned by the attending please remove corbinariol, cremation, or ry, or other froumatic.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF	Po Lung pleure		IN PART 110	0
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require rottending physicion. With this certificate has been sign of the this certificate has permit. Then the hand Mental Hygiene prior to but orked or Item 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFOR	MED 20a AUTOPSY?	206 IF YES, W	VERE FINDIN	NGS USED OF DEATH?
TAL RE ICTON.	RTIF			YES NO	YES [NO 🗌
SICIAN: The ng physicio certificote hurol-tronsit ten 18 sho		2 To ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	URY OCCURRED (ENTER NATURE OF IN.	JURY IN ITEM 18 PART	1 OF PART 21	
INISION OF VI	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY 211 LOCATION STREET STREET	CITY OR 1	NWOI	COUNTY	STATE
Do de DE		220-1 certify that (IXthis hospital)	ottended the deceosed from APRTT, 21	, 19 86 to APRII	L 25 19.	86	that (IX(we) lost
R ATTEND hospitol o hospitol o used for use ppt. of Hem 21 is m		sow the deceased alive on above, (hywe) (did) (day very vi	APRTI, 25 19 86 and that in (Xy) (c	our) opinion death occurred on the	date and hour or	nd from the	couses stated
the horizon to the popular tochec		226. SIGNATURE	DEGREE	TENDING MEDICAL ST. HYSICIAN DIRECTOR PHYS	AFF ICIAN	22c DATE	SIGNED
OSPI bed b UNEF d be he St	1	224 PHYSICIAN'S NAME (TYPE OR P	mell 22e ADDRESS		edical	Cen 1	0 -
	28.		36. DATE 231. NAME OF CEMETERY OF CE	REMATORY 23d LOCATION	1.11.	OUNTY	STATE
BP DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	DIZIA PORESSA / II	250 DATE REC'D. BY REGISTRA	R 256. REGISTRA		URE
(VRA 15, 4)		n. Jours	- 111/W. North As	MAY 13 166	Julia De	Agent -	Contract

Melson Comment (1) Esting property of the forest of the second second

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0 0	00104		STATE REGISTRAR		MEI	DICAL EXAMI	NER'S	ERTIFICATE C	F DEATH	REG. NO	. 5	7 0	
			EASED NAME	FIRST		WIDDLE		LAST	2e DAT	E KNOWN	MONTH	DAY YEAR	2b. HOUR
	ET SS. S. E.	(11112	OKPRINIT	Mic	hael	Stephen		Maltese	DEAT	ESTI-	5	11 1986	M
	J S S S S S S S S S S S S S S S S S S S	3. SEX	4 RA	CE	5. DATE OF BIRTH	YEAR 6. AGE (IN Y		IDER 1 YR. IF UNDER			MÖNTH	DAY YEAR	2d. HOUR
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-	AND THE PARTY		RTHPLACE (STATE OF	R	76. CITIZEN OF WH	IAT COUNTRY?	MARR	ED TEVER MARR	IED 7. BALT	IMORE CITY O	R COUNT	Y OF DEATH	MA
-	DASSEL	Ma	aryland		U.S.A.		WIDOW	=	ED D B	altimor		ity	MD
	SER SER	W. CIT	Y OR TOWN OF D	EATH		PITAL, NURSING HON		ER INSTITUTION	120 USUAL OCE	CUPATION (TYPE	OF WORK	126 KIND OF BI OR INDUST	TRY
	ADA HO		Baltim		5633	Anthony A	venue		Self-e	mployed		Produce	}
100	AMAD 3 TO BETAIN DE COORD	13a ST	ATE	13b COUNT	R OTHER INSTITUTION, GIV TY	13c CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADD	DRESS		449	99
12.	AMD 3	De]	leware	Suss	sex	Selbyvil	Le	YES 🗌 NO 🙀	10 Cle	veland /	Avenu	ie 1997	5
W	4 2 10 10		THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAID	ENNAME	MIDDLE		LAST	
ORE.	PA PA PA		ephen			Maltese		Maria			υ	ınknown	
BALTIMORE	AFTER INE PA	(YE	'AS DECEASED EVE S. NO. OR UNKNOWN)	(IF YES, GIVE W		166 SOCIAL SECURI		17. INFORMANT		ADDRESS	4.00		
NA NA	S AF G P P A G P P P A G P P P A G P P P A G P P P A G P P P P	No				220-30-0	231	Lena D. 1	Waltese	same as	13e		
	HOURS M 18. G NG WIT RMIT. P.		PART I DEATH	MILLS CALLERD	DV	for (a), (b), and (c).)						APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
PRESTON ST	PER H	-		IMMEDIAT	E CAUSE (a) Ar	terioscler		cardiovasc	ular dis	ease	-	-	
EST	WO AND		Conditions, if	any which	DUE 10, OR	AS A CONSEQUENCE	OF						
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ā	WRII WRII ARD AGE ATE [5	WHILE NO	WORK		ORT, FARM, ETC.)		THE STATE OF THE S	CITTOR	TOWN		JNIT	STATE
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	AND THE NAME OF TH		death resulted fro	//	de couse VV	T 2	uicide 🔲	. Homicide	Undetermined		, .,		
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	DEA STATE	1	EXAMINER'S NAM	101	Toba E Co	riolok MD		11	1 Penn S	troot B			201
	A D S E S S S S S S S S S S S S S S S S S		(TYPE OR PRINT)	<i>y C</i>	John E.Sii	italek,MD		ADDRESS	1 Permi 3	LICEL, D	arto.	• 'LID SI'	201
m	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE ATER DEATH, WITH THE STATE BARTIMORE, MARYLAND, 21201	23a.BU	IRIAL, CREMATION			23c. NAME OF CE			23d LOCATION	1	COUN	NTY S	STATE
46/8	BP		rial		05/14/198	6 Holy R	edeem			more, Ma			14
R SIVE	DHMH - 17		NAME and J.	Ruck	Inc. Par	timore, Ma	nulan	250. PATE	PEC P. 2 REGE	OR IN REGIS	SIRAR'S S	ICHAI BEE	
	(VR A15 ME (5))	116	SOHOLU 0's	ALUCK,	IIIC. Dal	ormore, ma	r y rank	4					

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24 FUNERAL DIRECTOR Duda-Ruck, Inc.

7922 Wise Avenue

Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH (TYPE OR PRINT) Nicholas Mangione 5 DATE OF MRTH 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH White 1930 56 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COLLEG MARRIED NEVER MARRIED DIVORCED Maryland U.S.A. WIDOWED Baltimore City AME OF HOSPITAL, NURSING HOME OF OTHER POTITUTION TO CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore University Of Maryland Hospital Self Employeed Gas Station USUAL RESIDENCE (IF NURSIN HER INSTITUTION OF RESIDENCE BEFORE ADMIN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP COD! Baltimore 2114 Merritt Blvd. Maryland Dundalk YES 🗍 21222 15 MOTHER'S MAIDEN NAME Nicholas Mangione Felicia Coppolino MED FORCES? 166 SOC A DRITY NO 17 INFORMAN (IF YES GIVE WAR OR DATES) Yes 219-22-9981 Korea Angelina Mangione Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for only ondic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse lot, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) STREET NOT WHAT and that in (my) (our) apinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN PHYSICIAN DIRECTOR, 22e ADDRES ld b MPORTA

Most Holv Redeemer

21222

Maryland

Baltimore

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

5/30/1986

Dundalk, Maryland

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HANTS IN A COURT OF STREET

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15		FOR STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	1 3	9 0 4
		OR PRINTS	FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH		2b HOUR
		С	olumbus			IANN	May 5, 198		8:40A M
	3 SE	and the same of th	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
/		Male		ack	MONT MONT	2 20		YRS	
70		RTHPLACE (STATE OR FOR		S.A.	MARRIE WIDOWI		9 BALTIMORE CITY <u>OR</u> CO		MD
48	10 C	TY OR TOWN OF DEATH Baltimore		DF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET MATYLAND GO	G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Warehousema	(ING LIFE) 12b. KIND (INDUSTRY	OF BUSINESS OR
omplete: III die ond 2 fauld begreen in the order on the order of the order on the order of the order of the order	130	AL RESIDENCE (IF NURSING STATE 13	HOME OR OTHER INSTITUT	ON GIVE RESIDENCE BEFORE 13. CITY OR TOWN Baltim	ore	13d INSIDE CITY LIMITS?	2409 Eutaw	CODE Place 2	21217
	14. F/	Marcus	WIDDIE	Mann		Lenora	WIDDLE	Benne	
1	160 \	NAS DECEASED EVER IN	U.S. ARMED FORCES IF YES GIVE WAR OR DATES	5? 166 SOCIAL SECU 246-38		17 INFORMANT Lula Mann	837 Freemar	Street	X, N.Y. 10457
ar ather tra		Conditions, if ony, we gove rise to immediately couse (a), stating underlying couse	the DUE TO		ENCE OF	ominal Carcin			
injury,	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
7	CERTIFICATION	19a DATE OF OPERATION April 17,		NDITION FOR WHICH	OPERATIO	e; pneumonia N WAS PERFORMED 1 Carcinomato	1016	IF YES, WERE FIND CERTIFYING CAUSE YES []	
Item 18 sho		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	ISE OF DEATH HOUR	E OF INJURY A.M. MONTH D P.M.	AY YEAR		RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)	
orked or	MEDICAL	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	[AT HOME	CE OF INJURY STREET, FACTORY, OFFICE, I		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
n 21 is m			nis hospital) ottended olive on Mal XXXIII view the bo	_	86		86 to MAY 5 death accurred an the date on		
Z		226. SIGNATURE	el Hu	n MO			MEDICAL STAFF DIRECTOR PHYSICIAN	1 22c. DAT	T/86
IMPORTAN		Mi Choe	2/P. GVO	ss M.D			land General H	ospital	
_	23n I	BURIAL CREMATION RE	MOVAL 23h DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		

DHMH - 16 60M 7/84 (VRA 15, 4)

23 5/9/86 24 FUNERAL DIRECTOR March Funeral Homes 1101 North Avenue MAY

Raindarlstown;

Matate

REGISTRAR 256 REGISTRAR'S SIGNATURE

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	- 1			STATE OF MARYLAND		
m-06692		FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	13905
,		DECEASED NAME FIRST	PONAS	Markelis	REG. NO.	11 86 12.1
may be poge	3	SEX	4. RACE	3. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 1 HAS
ge 4		Male	White	Feb 3, 1907	79 YR	MONTHS DAYS HOURS MIN
Poor I day	17 7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR COU	
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s ofter of the fulled with	19	Balfiners	(IF NOT IN SUCH FACILITY, GIVE	les General Hosp	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Factory Wor	
AND 212	S	Mu.	NTY 13c. CITY OR		13e STREET ADDRESS / ZIP CO 3356 Wilken	
within within all 2 s	N	FATHER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN NA	WIDDLE	IAST
W Per S	2	UI MAS DECEASED EVER IN U.S. A	nknown	SECURITY NO. 17 INFORMANT	unkno	
MORE e execu	1		VE WAR OR DATES)		Balto Balto Wil	Md. 2122
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T., 8, Tricol Inficol Inficol Inficol Inficol Info Info Info Info Info Info Info Info		PART I. DEATH WAS CAUS	ED BY:	rdiogenic s	Hock	DETWEEN ONSET AND DEATH
S NC		White w	DUE TO, OR AS A CONS	1 1	01.0	4
E A D		Conditions, if any, which gove rise to immediate	(b)	leute layoca	raid infare	dien
201 W. PRESTON ST., BALTIMORE, MARY es truit ned remaining physician and camplete ple complete p		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EOUENCE OF	7	
			7.	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART To
con seen seen sior to		In DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PRECEDED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require offending physicion. After this certificate has been signs the buriol-transit permit. Then the buriol-transit permit. The hardward of them 18 shows one vitate hardward or them 18 shows one vitate.	X	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	176. CONDITION TOR W	MEHOLERATIONWASHATORMED	YES TO NOT IN CE	RTIFYING CAUSES OF DEATH?
VITA N: Th lysicide cote conside Hygin		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	LIB PART I OR PART 2)
JOF SICIA ig ph right right	7	OR CONTRIBUTING CAUSE OF DE	AIR .	19		
PHYS ending this of buy and Mond Mond Mond Mond Mond Mond Mond Mo	-	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ING ING Affer of the orke		AT WORK AT WORK		4/21		9/1
FEND tol o OR: y		22a. I certify that (1) (this hasp saw the deceased alive or			death occurred on the date and	haur and from the causes stated
R ATTE hospith RECTO red for ppt. of		abave, ((we) (dd) (did no 22b, SIGNATURE	at view he body after death.	DEGREE		22c. DATE/SIGNER
the Dord		Means R.	Malica	MD ATTENDING PHYSICIAN	MEDICAL STAFF	5/11/86
SPIT, d by NER, De d be d	\mathcal{T}	270 PHYSICIAN'S NAME (TYPE	OFPRINT)	22e ADDRESS	1	11 /
TO HOSPITA reformed by TO FUNERA should be di with the Sto	1	MARCOS	B. GALICI	A MA North C	HAVIES GEI	U. Hospita
7. 5. 5. 4. 3. 4.	1	30 BURIAL, CREMATION, REMOVAL		23c NAME OF CEMETERY OF CREMATORY Glen Haven Mem F	23d. LOCATION	e COUNT.A. STMd
BP		Burial	5/14/86	gren naven Mem L	vigreu pulur	e A.A. Ma

Gonce 4001 Ritchie Hgwy Balto MAY

st Md

23b DATE 5/14/86

DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.	

Description of the last	3	4	0	6
				1

		CEASED NAME FIRST	,	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR							
		WILLIAM	Henr	y MARSHALL			MAY 1.1986 5 /	86 1042 M			
	3. SE)			5. DATE OF BIRTH			IF UNDER 1 YEAR IF UNDER 24 HRS				
		m		b	12	17 21	64 YRS	ACIVITAS DATS HOURS MIN.			
				WHAT COUNTRY? 8 MARRIED NEVER MARRIED X			9 BALTIMORE CITY OR COUNTY OF BEATH				
5		rginia	U.s	.a.	WIDOWE		BALTIMORE CITY	CITY			
	10. CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR			
5		ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE JOHNS HOPKINS H			OSPITAL	Beth-Steel	Tin Mill			
1	130. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN			V	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	21213			
-	Ma	ryland	Baltimo		ore	YES NO 1	2720 E.Federa	1 Street			
	14. FA	THER'S NAME FIRST	AIDOLE	LAST		TAST					
C	Ra	Raymond		Marshall		Margar		Modson			
		60. WAS DECEASED EVER IN U.S., ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)					ADDRESS				
	r			218126014 George M			Marshall 310 N. Carey St.				
1		18 CAUSE OF DEATH (Enter on	y one couse per	line for (o), (b), one	l (c).1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (o)	ardiope	un	onary av	rest				
			2 111								
		Conditions, if ony, which	Laks								
		gove rise to immediate couse (a), stating the	2 WKS								
		underlying couse lost.	duks								
	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101									
	TIOI	La LIVORNA						WEDE EINDINGS HOED			
	CERTIFICATION	19a. DATE OF OPERATION	198. CONDI	ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO				
	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	F INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.				
3	AL C	OR CONTRIBUTING CAUSE OF DEA			Y YEAR						
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P., 21e. PLACE		19	211 LOCATION					
	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE			
		AT WORK — AT WORK	a) attended th	e deceased from	41	17 19 86	5/1	10 96 that the wellast			
		220.1 certify that (I) (this hospital) attended the deceased from									
-											
Ŋ		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 5/1/86									
		224. PHYSICIAN'S NAME CTYPE OF									
		P.L. GAK	P.L. GARVER GOON. WOIFE ST;								
		URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE			
	BU						Baltimore	MD.			
		INERAL DIRECTOR		ADDRESS		5.4.4	TE REC'D. BY REGISTRAR 256 REGIST				
	WII	Wm.C.March F/H Inc. 1101 E.North Ave. MAY 6 1986 Julie Dune May 10									

DHMH - 16 50M 4/83 (VRA 15, 4)

y 1

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the burial-tronsit permit. The with the State Dept. of Health and Mental Hygiene prior to retoined by the hospital

STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

8	6	1	3	9	0	
	REG NO					

	REGISTRAR		REG. NO.							-			
	DECEASED NAME FIRST WILLIAM		Mason			20. DATE OF DEATH MONTH DAY YEAR 25 HOUR 5-11 1986							
										M			
3.	Male	4. RACE	Black	5. DATE (03	6 AGE (IN YEAR	PS LAST BIRTH	MC	FUNDER I YEAR	HOURS MIN.		
70	BIRTHPLACE (STATE OR FOREIGN	7h CITIZEN OF	WHAT COUNTRY?	8	Y 3		9 BALTIMORE	CITYOR	COLINITY	OF DEATH			
3	Virginia	11	S.A.			MARRIED -	1				MD		
10	0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURS			WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION			Baltimore City, 120 USUAL OCCUPATION 126 KIND OF BUSIN						
	Baltimore (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOREST HAVEN NURS IN SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)				NG HOME		Truck Driver Trucking						
13	a. STATE 136 COUP	NTY	13c CITY OR TOWN BAltimo	N	13d INSIDE	CITY LIMITS?	13e STREET AD		ivisi	on St	21217		
14	FATHER'S NAME FIRST John	WIDDLE	Mason			'S MAIDEN NAMER'S MAIDEN NAMER'S OPENCE	ME	WIDDLE		Jones	51		
160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217 – C										reet		
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (gove rise to immediate couse (o), stating the underlying couse lost (c). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								WERE FINDI	NGS USED		
RTIFIC	0) 166/00/14 Wis Indiana	F B LIVERY	NIHIPY 13. HOWE				40 🗌	YES		NO [
MEDICAL CE		P. PLACE	M. MONTH DA M.	19	21f. LOCAT	ON	RED (ENTER NATUR	CITY OR TOWN		COUNTY	STATE		
	22a.1 certify that (I) (this haspi	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN											
	Harold. B. Bob, M.D., P.A.				7220 Park Heights Avenue 21208								
230	BURIAL, CREMATION, REMOVAL	236 DATE 5/15			EMETERY OR		23d LOCATI			соинту М	d. STATE		

William C. March F/H 1101 East North Avenue

SO DATE REC'D, BY REGISTRAR 256 TO DISTRAR'S SIGNATURE MAY 1 4 1986 Julia Grandon Mandalla

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

MPORTANT: If them 21 is marked or Item 18 shows any

th galatyte Room

AT SEC 1. Capital

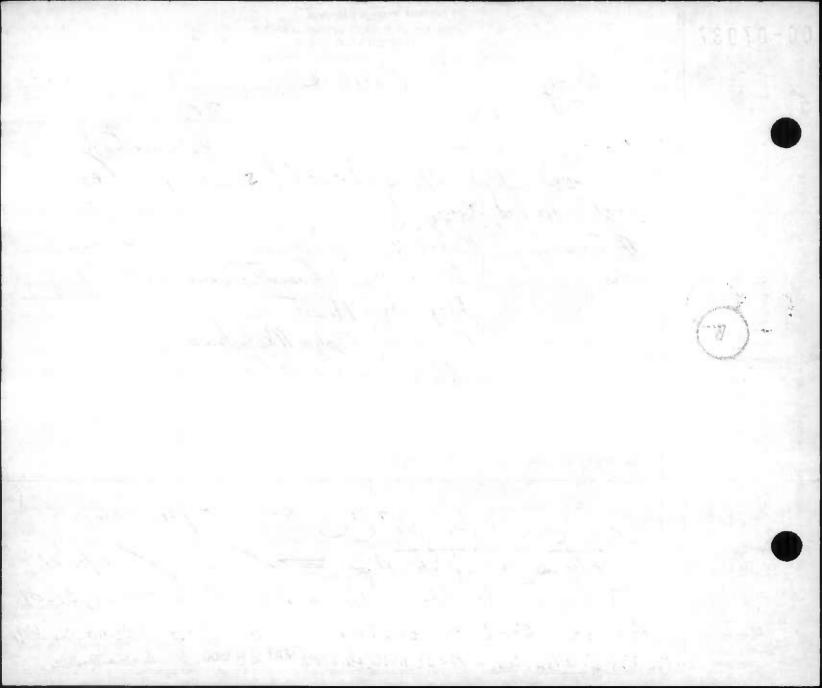
STATE OF MARYLAND

00-	07982		FOR STATE REGISTRAR	Harris Control	CERTIF	ICATE OF D		REG.		3 4	0 8
, pe	eoth eoth		CEASED NAME FIRST Garnet	Dolores		heny		May 27	, 1986	DAY YEAR	534 P.M
ge 4 may	ector. po	3. SE	Female	White	5. DATE C		09	6 AGE (IN YEARS LAST	YRS.	WONTHS DAYS	HOURS MIN.
	185	115	RTHPLACE (STATE OR FOREIGN) COUNTRY) est Virginia	U.S.A.	? 8 MARRIE WIDOW!	D & NEVER A	WARRIED	9. BALTIMORE CITY Baltimo		OF DEATH	MD.
3	Sold and a second	10 C	Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SHICH PACILITY, GIVE STREET			TITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS	ATION OF WORKING LIF	126 KIND O INDUSTRY	F BUSINESS OR
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., BALTIMORE, MARYLA	Poges medical		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 443-26-4	URITY NO.	17 INFORMA		Matheny 36	OS. DI	rew St.	21224
	vent, the		18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED IMMEDIATE	y ane cause per line for 10), (b), o BY:		nonar	u Ai	rrest		BETWEEN	MATE INTERVAL ONSET AND DEATH
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TALRE The lo	ssit pers	RTIFIC	716. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		In How h	HIDV OCCUP	YES NO	Y€	- Lond	OF DEATH?
SICIAN:	certificate riol-transi entol Hygi	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH (DAY YEAR 19			RED (ENTER NATURE OF IN	JURY IN ITEM 18 P	ART I OR PART 2)	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requirending physician.	ter this s the bu h and M rked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	, FARM, ETC)	211 LOCATIO	ON	CITY OR	TOWN	COUNTY	STATE
TTENDIP prtol or	for use of Healt		220.1 certify that (1) (this haspite saw the deceased alive on_ abave, (1) (we) (did) (did not	19		nd that in (my)	(our) opinion	death occurred on the	date and hou		that (I) (we) lost causes stated
ITAL OR A	RAL DIREC detached fote Dept. NT: If Item		22b. SIGNATURE	4. Carlo	24,	MU)	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN [22c. DATE	2 9/8 F
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oy be		EASED NAME BEVOLY	RACE	Matthews	2a DATE OF DEATH MONTH	DAY YEAR 2b. HOUR 21 86 4:30Am IF UNDER 1 YEAR IF UNDER 23 HRS
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farral to the state of the stat	M	D. UGH TY OR TOWN OF DEATH	NAME OF HOSPITAL NURSI	MARRIED NEVER MARRIED WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION	M20 USUAL OCCUPATION	126 KIN OF BUSINESS OR
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BALTIMORE, MARYLAND cor be executed within 24 pyrcion and completely filler pyrit. The nedecal exactments		AS DECEASED EVER IN U.S. ARM	Mayor	JRITYNO 17 INFORMANT	ADDRESS .	Norman
BALTIM core be e		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY: 1/ 1	dic. J A +	- Ukrliky O	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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CORDS, 201 r requires th t. Then plead ner to fluring.	ATION	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM		GIVEN IN PART 1/0 YES, WERE FINDINGS USED
TALREC	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b TIME OF INJURY		YES NO IN TEM	PRIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, NS PHYSICLAN. The law require after this centricies has been up to the build-training permit. There is not the build-training permit. There is the build-training permit. There is the build-training Mannell Physics prince to be arrived as the set of those permit in the arrived or them. If those permit is those permit in the arrived or them.	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	AY YEAR 19 211 LOCATION		
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0 6 0 6 # W		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION SITY OF TOWN	Oult timer, 2/20/
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	NERAL DIRECTOR	5-24-86 (mac, Us. 2370, "MA	TE REC'D. BY REGISTRAR 235. REC Y 28 1900 Julian	HCCOMACK, UG



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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O FUNERAL DIRECTOR: After 1	nould be detached for use as the	ith the State Dept. of Health on
TO FUNERAL DIRECTOR: After this certificate has been upper	should be detached for use as the burial-transit permit. The please	with the State Dept. of Health and Mental Hygiene prior to averal cremining

MRORTANT: If them 21 is marked or Item:18 sh

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or ottending physician.

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6	3		U
	REG. NO.		 	415

1-	FOR - STATE REGISTRAR		DEPARTM		EALTH AND MENT		NE 8 6	0.	5 9	10
	CEASED NAME FIRST E OR PRINT) DO R	OTHY YHTC	OLE]		HEWS XXXXX		MAY 27,	1986		:20P M
3. SE	x Female	4. RACE White	e	5. DATE C	DAY	VE AR	, AGE (IN YEARS LAST BIR			UNDER 24 HRS OURS MIN.
70 BI	RTHPLACE (STATE OR FOREIGN COUNTRY) **PECCE**	U.S.A.		WIDOWE		ED [Baltimore city o	City	in the	MD.
В	altimore	Church	Hospita.	DRESS)	OR OTHER INSTITUT	ION I	20. USUAL OCCUPATION OF MOST OF MOST OF WORK FOR MOST OF MOST		b. KIND OF B IDUSTRY	USINESS OR
	at residence (if nursing home of aryland	OTHER INSTITUTION, GIV NTY	RE CUY OR TOWN Baltimore	DMISSION)	13d. INSIDE CITY LI YES 🔼 NO	IMITS?	3004 Huds	zip code on Street	t 2122	4
14 FA	ATHER'S NAME Nicholas	WIDDLE	Carêlas		Christ		MIDDLE		(ast	opoulos
	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI		\$6 SOCIAL SECUR 216-32-9		Themasto	cles Ison S	Matthews Baltin	nore, Md.		
CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)		ICE OF	NOT RELATED TO 1		IAL DISEASE OR CON	20b. IF YES, WE	RE FINDINGS	
RTIFIC							YES NO 🔀	IN CERTIFYING		DEATH?
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M.	WONTH DA	YEAR	210 HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	OR PART 2)	
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	27x1 certify that (It this hosp now the descount live or above, (It is did it din		30000300 110111	MAY 86 ar		o 86 o inion de	to MAY 27 ath occurred on the d	1111	from the cau	it (I (we) lost uses stoted
1	270 PHYSICIAN S NAME IIII	love	w)	PHYS		MEDICAL STA	FF	22c. DATE SXC	7
1	SE VAL	NE.	20				CH HOSPIT			21231
230	BURIAL, CREMATION, REMOVAL (SPECIF Burial	23b. DATE 5-30-80			emetery or cremer thodox C	., ., ., ., .	Baltimore	Balti	imore	Md ^{re} .
24 Å	uneral director nn No. Matthews 021 Eastern Ave	Matthews	s Funera more, Md	1 Hom	ie 224	JUN 1	REC'D. BY REGISTRAR	258 REGISTRAR'S	S SIGNATUR	3 F

DHMH - 16 60M 7/84 (VRA 15, 4)

08168	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE & &	13911
2) (and	EASED NAME FIRST			20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR G-FG / 155 M IF UNDER LYEAR IF UNDER 24 MAS.
or a mo	3, 58)	M	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS. DAYS HOURS MIN.
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24/23	10 CI	BALTO CITY	(IENOT IN SUCH FACILITY, GIVE STREET OF A L TO VAM	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY HIGHWAY DIV.
		TATE 13b COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORM 131. CITY OR TO BAC	WN 13d. INSIDE CITY LIMITS	13e STREET ADDRESS ZIP CO	DE 12 120
25.0	14 FA	THER'S NAME FIRST UN K	MIDDLE LAST	15. MOTHER'S MAIDEN	MIDDLE	LAST
oged deat		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 220-0	1 11119	WS 934 Easterpres	ton Street
physician naval.		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUS	nly one cause per line for Ia1, (b), one ED BY: TE CAUSE (a)	ordice	marat	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hat the death ce by the attending ass remove carb al, cremation, or r r ather traumatic		Conditions, if any, which gove rise to immediate cause to, stating the underlying cause last	DUE TO, OR AS A CONSEO	21,3	R	
equires the signed Then ples to burion injury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	TAZ OF DETAILS TON THE HEAD O	rminal disease or condition (GIVEN IN PART 11a
ne law re bas beer permit.	CERTIFICATION	190 DATE OF OPERATION	7-1	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
SSICIAN: The It and physician. certificate has viol-transit per Annol Hygiene Item 18 store	_	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
NG PHYS	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	E FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND pital a STOR. A for use of Heal		saw the deceased alive a	ntal) attended the deceased fram	& , and that in (my) (our) apin	on death accurred an the date and h	
		27b SIGNATURE	nxxx m	DEGREE ATTENDING PHYSICIAN		221 DATE SIGNED
reformed by the TO FUNERAL should be detromined by the With the Store		22d PHYSICIANISTIAME (TYPE	OR PRINT)	BMTO. VI	mc, 3900 Uil	Ravin Blodi
BP		URIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR Garrison Forest V	CITY OR TOWN	COUNTY Md.

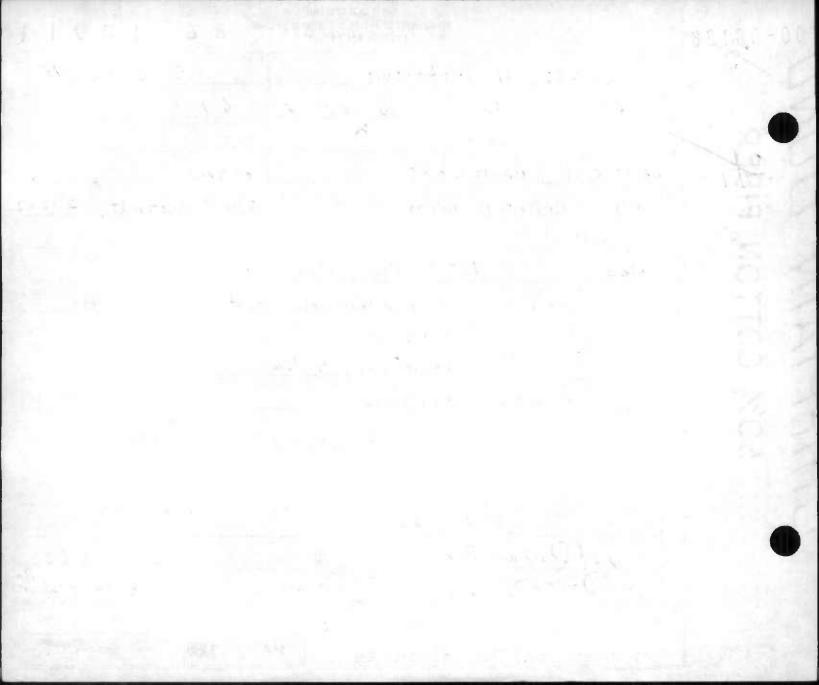
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR March Funeral Homes 1101 East North Avenue

Md. STATE VA Owings Mills, M

25a. DATE REC'D BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE

1866 Garrison Forest VA



STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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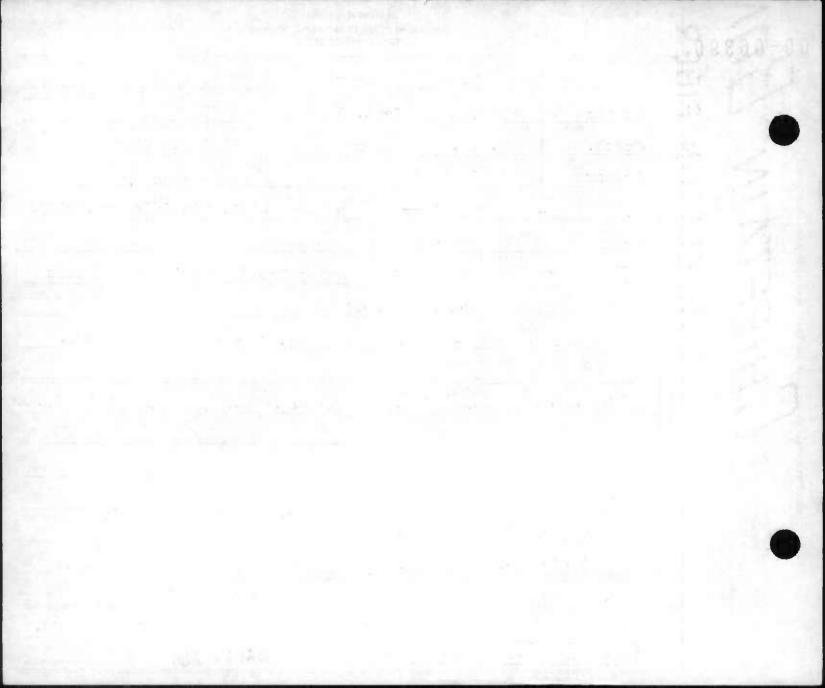
1	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	тн	3 5. NO.	9 3
١	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEAT		AR 2b. HOUR
į	(TYPE OR PRINT) Mar:	ie A.	Mauric	May 9,	1986	1:40pm
	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LA		YEAR IF UNDER 24 HRS
	Female	White	Sept. 3 19		YRS.	
1	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED NEVER MAR	RIED	Y OR COUNTY OF DEAT	Н
1	Czech.	U.S.A.	WIDOWED X DIVOR	CED Baltin	more City	MD.
1	Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Sinal Hos	URSING HOME OR OTHER INSTITU STREET ADDRESS SPITAL	(TYPE OF WORK FOR M		ND OF BUSINESS OR TRY
	USUAL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OF		IMITS? 13e.STREET ADDRE	ss / zip cope irginia Av	e. 21215
	14. FATHER'S NAME	MIDDLE LAS	15. MOTHER'S MA	AIDEN NAME	I.F.	LAST
	Frank	Poko			unkno	
	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMANT	Al	DDRESS	
	no	213-	12-0663 Charle	s Mauric (s	on) same a	
	18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUSE	nly ane cause per line for (a) (ED BY: TE CAUSE (a)	bi, and ichi		BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON (b) (C) DUE TO, OR AS A CON (c)	myocardal	infanction.	50	adden
		CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE OR C	CONDITION GIVEN IN PAR	it is stenon
7	TION DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR V	HICH OPERATION WAS PERFORM		20b. IF YES, WERE FI IN CERTIFYING CAU YES	
1				Y OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART I OR PAR	2)
	OR CONTRIBUTING CAUSE OF DE CITY OF THE CONTRIBUTING CAUSE OF DE CITY OF THE C	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY	OR TOWN COUNT	TY STATE
	22a I certify that (1) (this hosp sow the deceased aliveral above. (1) (we) (did) (did no	E / /		9_78 , ta	he date and have and from	that (1) (we) last the causes stated
	22b. SIGNATURE BOOM	yong P. Tl	rack PHY	NDING MEDICAL SICIAN DIRECTOR PH	STAFF	DATE SIGNED
	Dr.	OR PRINT) Thada	22e ADDRESS 5356	Reisterstow	n Rd.	
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 5/12/86	23c NAME OF CEMETERY OR CRE Bohemian Na	CITY OR TON	ĭltimore	Mď.

3331 Brehms Lane, Balto. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If he



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN X ANY DELY IS NECESSARY, FLO.
AND TO THE LUNERAL DIRECTOR.
BETAIN PAGE 5 FOR YOUR FILES.
SHOULD BE FILED, WITHIN 72 HOURS (TYPE OR PRINT) DEATH MATED EART. 4. RACE 6. AGE (IN YEARS YEAR 2d HOUR IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH 2c. DATE HTHOM YEAR LAST BIRTHDAY) 27 59 5-7-86 12:1257 White 30 DEAD Male 19 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia U.S. WIDOWED [□ Baltimore City DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS 8 N. Gay Street 3rd floor FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 3a. STATE 13d. INSIDE CITY ATMITS? 13e STREET ADDRESS 13b. COUNTY YES NO 8 N. Gay St. 21202 Md. Balto. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) Unkn. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED, 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO X YES [] 岩 EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CT TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIQE TO BY 210 FXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE D NOT WHILE AT WORK Inspection X 220. I certify that Hoak charge of the remains described above, held an Autapsy Inquiry and in my apinian Hamicide death resulted Vam Natural causes Undetermined manner ACTUAL Assistant MEDICAL EXAMINER SIGNATUR EXAMINER'S NAME F Smyth M.D. Penn Street (TYPE OR PRINT) Dennis ADDRESS 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY COUNTY STATE Removal 5-15-86 BP. 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Balto., Md. (VR A15 ME (5)) Anatomy Board 20M 4/82



FIRST

MIDDLE

FOR

REGISTRAR

DECEASED NAME

24. FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 CERTIFICATE OF DEATH REG. NO 26. DATE OF DEATH MONTH 2b. HOUR MCALISTER 6. AGE (IN YEARS LAST BIRTHDAY) YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE DIVORCED A 12a. USUAL OCCUPATION 126 HIND OF BUSINESS OR INDUSTRY 50 13e STREET ADDRESS / ZIP 13d INSIDECITY LIMITS?

ADDRESS

GI

OVACIAN CACCINOMA

CITY OR TOWN

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

20n AUTOPSY?

MEDICAL

DIRECTOR PHYSICIAN

2303

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

COUNTY

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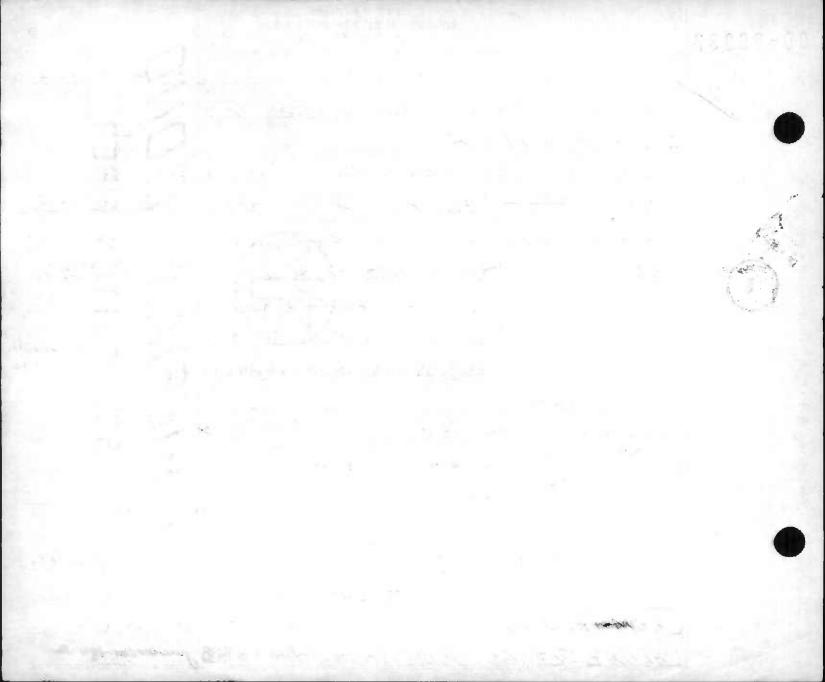
NA YES

IN CERTIFYING CAUSES OF DEATH?

51 months

STATE

STATE



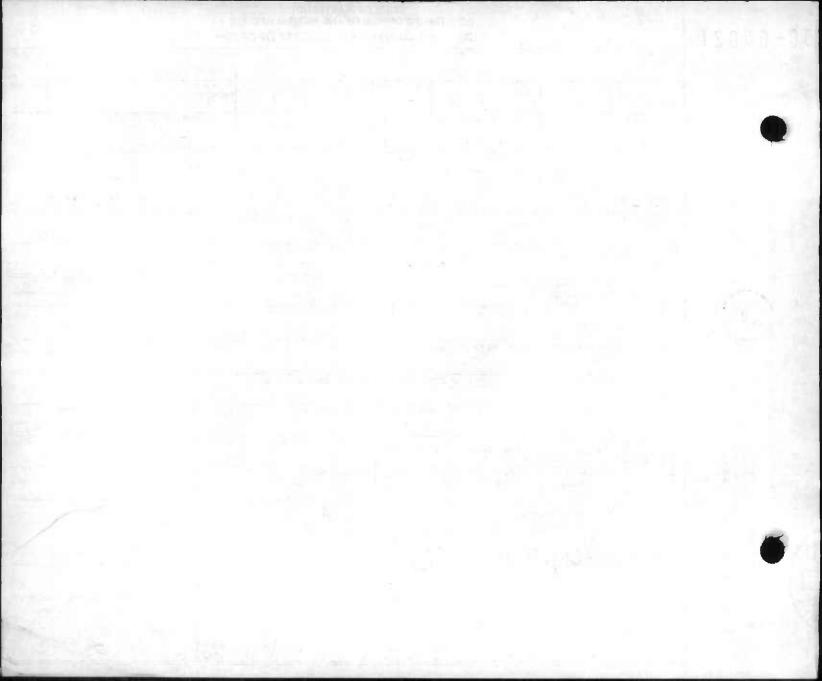
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	REGISTRAR			WEL		XAMIN	IER'S C	ERTIFICAT	E OF DE		REG. N	8. 9		
	PECEASED NAM	VE FIF	RST		WIDDLE			LAST		2a. DATE I	ESTI-	MONTH	DAY YEAR	26. HOUR
			ROBERT			C.		MCARDI	Æ	DEATH	MATED [5-17	-86 ¹⁹	M
3 5	EX	4. RACE	5 DAT	E OF BIRTH	YEAR	6 AGE (IN YE	ARS IF UN		DER 24 HRS.	2c. DATE	CED	MONTH	DAY YEAR	2d HOUR
M	ale	White	e 05/	/30/45	01803	10	RS.	ns DATS HOUR	is win	DEAD	CED	5-17	-86 ₁₉	4:25P
7a.	BIRTHPLACE (STATE OR	7b. CIT	IZEN OF WH	IAT COUNT	TRY?	8. MARR	ED NEVER M	APPIED T	9 BALTIM	ORE CITY	OR COUNT	Y OF DEATH	
	aryland			USA			WIDOW		ORCED	Ralt	imore	Cita		MD.
10.	CITY OR TOWN	OF DEATH	11. NA	ME OF HOSE	PITAL, NUR	SING HOM	E, OR OTH	ER INSTITUTION		UAL OCCUP	ATION (TYP	PE OF WORK	126 KIND OF B	USINESS
	Baltin	nore		18 Wal				21239	9 Roc	MOST OF WORK	ING LIFE)		Roofing	IRT
	JAL RESIDENCE		HOME OR OTHER I		E RESIDENCE E	SEFORE ADMISS		har more annum						<u>, </u>
. M		13b. C	Dol	o.City		ortown ltimo r	••	13d. INSIDE CITY LIMI YESXIX NO	-	1218		er Av	21	239
-	FATHER'S NAM	E			y Da	LLIIIOI	е	15. MOTHER'S M		E		er_av	CIIUC	
	Joseph	Mc. An	rdle. S	Sr.	L	AST		FIRST Mi	ldred	AA1	arl		LAST	
16a	WAS DECEASE	DEVER IN U.	S. ARMED FO	RCES?	16b. SOC	IAL SECURIT	Y NO.	17. INFORMANT			ADDRESS	5		
	(YES, NO, OR UNKNI	OWN) (IF YES	S. GIVE WAR OR D	L973	220	42 63	364	Sarah N	Mr Ard	10	sa	me		
		OF DEATH (En					704	L Dataii l	~ ALU.	re	30	iiie	APPROXIMA	IF INTERVAL
	PARTID	EATH WAS CA	AUSED BY:				anh - 1	i					BETWEEN ONS	ET AND DEATH
		IMM	EDIATE CAUS	DUE TO, OR		ic al		ISM			_		-	
	Canditio	ans, if any, v		DUE 10, OK /	AS A CON:	2EMOEIACE	Or							
	gave r	ise to imme	diate	(b)										
	lying ca		inder.	DUE TO, OR	AS A CONS	SEQUENCE	OF						133	
	BARY O BARKS O	SCHIELCING COUR	((c)										
z		IGNIFICANT COND	ILLIAN? CONTRIBUT	IING TO DEATH B	UT NOT RELAT	ED TO THE TERN	AINAL DISEAS	OR CONDITION GIVEN	IN PART 1 o					
CERTIFICATION	ISO DATE OF	FOPERATION		IN CONDIT	IONI FOR Y	VHICH OPE	ATIONIS	AS PERFORMED?					Tes	
FICA	174. DATE O	OFERATION		THE CONDIT	ION FOR V	VINICIT OPEI	W MOITA	AS PERFURMED?					(HEAD,	ONLY)
RTI	21a EXTERNI	AL CAUSE WA	AS	216 TIME OF	INITION		F 91. 124	DW INTERPRETATION	IDDED A				YES X	NO 🗌
		G DOR	- 4	HOUR A.M.		DAY YEA	R ZIC. HC	DW INJURY OCCI	UKKED TENIER	NATURE OF INJU	JRY IN ITEM 18	PART I OR PAR	RT 2}	
ICA	CONTRIBUT	ING CAUS		P.M. 21e PLACE O	E INTERES	19	014 1 =	CATION						
MEDICAL	WHILE			STREET, FACTO	ORY, FARM, ET	(AT HOME, C.)		CATION		CITY OR TOW	/N	COU	YTA	STATE
	AT WORK	AT WORK												
	22a. I cert	ify that I taak	charge af the	remains desc	(HEAD	e ONLY) Autap	sy X, Inspi	ection .	Inquiry	, an	nd in my ap	inian	
	death result		Natural cause		Accident		vicide	Hamicide	7	termined ma		, , ,		
			Mar.	. (1	1/ /	۸	TITLE (SPECIF						
	ACTUAL SIGNATURE		Wille	le l	me !	Thel	l , M	D. Assist		NCAL EVAM	INIED	DATE	5-18-8	26
1			1		-	34 000	141		MEL.	ME CAAM	II 4EK	SIGNE		
-	EXAMINER'S	NAME INT)	Margan	cita A	. Kor	ell.M.	D	ADDRESS1	11 Pen	n Ctro	ot			
23a.	BURIAL, CREMA							R CREMATORY		CATION				
	(SPECIFY)		05/3					y Memori	CITY	ckeys	ri 11a	Balt	to. Co.	MA .
24.	FUNERAL DIRE							25a. D.	ATE REC'D. B	Y REGISTRAF	25b. REGI	ISTRAR'S SI	GNATURE	i Ki o
В	urgee-h	enss F	uneral	Home.	3631	Falls	s Rd	21211	MAY 2	0 100	4 10	7. R.	4 702	1.00
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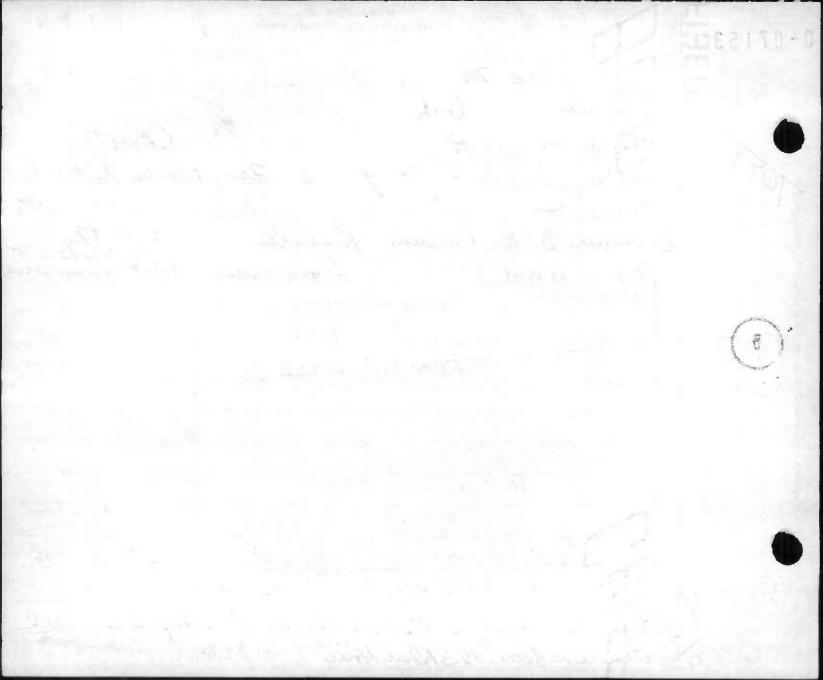
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	PE OR PRINT	FIRST		MIDDLE		S CERTIFI			DATE KNOV	EG. NO.	MONTH	DAY YEA	2b. H
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3. SE	X 4	RACE	5. DATE OF BIRTH	H 6 A	GE (IN YEARS	FUNDER I YR.		24 HRS. 2ε.	DATE		нтиом	DAY YE	R 2d. H
N	1	В	3 6		51 YRS.	AONTHS DAYS	HOURS	MIN PRO	DEAD		E-20	-8619	7.3
7a. 6	SIRTHPLACE (STA	TE OR	-	WHAT COUNTRY?		ARRIED X N	EVED AA ADDI	9. 6	BALTIMORE				V -
	I.C.		U.S.	A.		DOWED	DIVORC		Baltimo	re C	'i+7		
10.0	ITY OR TOWN O	F DEATH	11. NAME OF HO	SPITAL, NURSING	G HOME, OR	OTHER INSTITU	UTION	12e. USUAL	OCCUPATIO	N (TYPE OF		2b. KIND OF OR INDU	
	Baltimor		1519 F	Rutland 1	Avenue			BEN	DICTS				
13a.	AL RESIDENCE (I STATE IARYLAND	13b. COUN	OR OTHER INSTITUTION,	13c. CITY OR T	OWN	13d. INSIDE	CITY LIMITS?	130. STREET	ADDRESS N. RU	TLANI	D AVI	E. 212	13
14. F	ATHER'S NAME		MIDDLE			15. MOTH	ER'S MAIDE		MIDDLE			LAST	
)	DANIEL		MIDDLE	MCCALL	UM	RU	TH		MIDDLE			CARR	OLL
160.	WAS DECEASED	EVER IN U.S. AR	MED FORCES?		SECURITY NO.	, 17. INFOR	RMANT		ADI	DRESS			
	NO	(11 123, 0)	. WAR OR DATES	24150	9073	GEC	RGETTI	E MCCA	LLUM 1:	111 (GLENE	EAGLE	RD.
	18 CAUSE OF	DEATH (Enter or	nly one cause per lin	ne for (a), (b), and	I (ć).) A .		1					APPROXIM SETWEEN OF	ATE INTERV
	PARTIDEA	TH WAS CAUSE	TE CAUSE (a)	1140Ca	sd1a	1 411	bros	15					
	Conditions	, if any, which		R AS A CONSEQ									
		ta immediate											
	lying cause	tating the under-	DUE TO, O	R AS A CONSEQ	UENICE OF								
	lying coost	. 1031.		M AS A CONSEG	UENCE OF								
			(c)			Uffer on county	ON CHEN IN DA	AT 1					
Z			(c)			ISEASE OR CONOITI	ON GIVEN IN PA	RT 1 (e).					
ATION		HEICAN1 CONDITIONS			THE TERMINAL O			RT 1 (6).				20 AUTOP	SY?
TIFICATION	PART 2 OTHER SIGN	HEICAN1 CONDITIONS		H BUT NOT RELATED TO	THE TERMINAL O			RT 1 vs.).				20 AUTOP	
CERTIFICATION	PART 2 OTHER SIGN 190. DATE OF C	DPERATION CAUSE WAS	19b. COND	H BU) NOT RELATED TO	THE TERMINAL O		PRMED?		DRE OF INJURY (M	ITEM 18 PAR	IT I OR PART	YES [
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	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE A	13919
J-0/153	1	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
3 7 E		Theodore M. McCallum 5	DNIH DAY YEAR 26 HOUR 149 M
schir pos	1.58		YRS.
0 70	7º B	SIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR WIDOWED DIVORCED CITY OR	(Balto) MD.
**************************************	10 C	111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET POPESS) TRUST FOR MOST OF W	NORKINGA SEI INDUSTRI MORKINGA SEI INDUSTRI MALLE LILLE
Za hou zk	USU 13a.	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 13e STREET ADDRESS / Z STATE NO 5915 WILLIE	TIP CODE - Ave Balto 21215
MARYL or all 2 to 2	14. F.	ATHER'S NAME FIRST AMULE D. Mc Callum 15. MOTHER'S MAIDEN NAME MIDDIE MID	Smith,
TIMORE, Pages of Progression	140.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ON ENGLOSED PROPERTY OF THE PROPERTY OF T	The Winnerau
officele officele physics on proper emoval.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cavalio pulmonary Arrest IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON STATEMENT OF STATEMENT		Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF ACULTE M - I (b)	1 hour
201 W.		cause (a), stating the underlying couse last. Due to, or as a consequence of ASCVD PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS.	10 years
ECORDS, on require the period to be converted to the conv	FICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 12	DM: IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
TAR STORY	CERTIF	YES NO V	YES NO
OF VI	7	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME OF INJURY DAY YEAR P.M. 19	HIEM IS PARTIORPARTZ)
HVISSON artendia to the bis to and M	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN	COUNTY STATE
CTOR A for user all Health		22a.1 certify that (1) (this haspital) attended the deceased from 5-17, 19 6, to saw the deceased glive on 19 6, and that in (my) (our) opinion death occurred an the date above, (1) (we) (shid) (shid not) view the body after death.	and have and from the causes stated
At Dies		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	5-20-86
O FUNE PORTA		Steven E. Joffe M.D. 220 ADDRESS Sina; Hosp o	F Balto.
BP	17h	cremation, removal 23b. Date 23c, NAME OF CEMETERY OR CREMATORY BY AND WILL BY	mAA mil
DHMH - 16 50M 4/83	14	DEPAIDIRECTOR BORE 16 300 No. 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REGISTRAR'S SIGNA TOPE A STATE OF THE PARTY

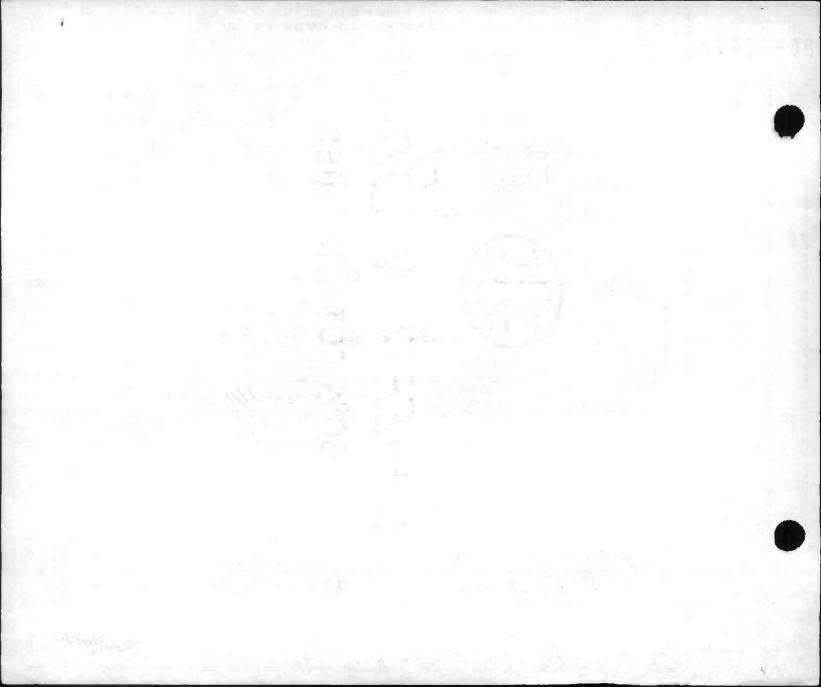


DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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- 0 5 1 2 00 1 - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6	3 9 2 0
1 DECEASED NAME (TYPE OR PRINT)	ames Clyde	Mc Clarra	20 DATE OF DEATH MON	THE DAY YEAR 26 HOUR
3. SEX	1 RACE black	5 DATE OF BIRTH MONTH DAY YEAR 7 / 7	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
10. BIRTHPLACE (STATEO COUNTRY)	FOREIGN 76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED W DIVORCED	BALTIMORE CITY OR CO	OUNTY OF DEATH
Baltino	HE NOT IN SUCH FACILITY GIVE STRE	SING HOME OR OTHER INSTITUTION HET ADDRESS) HOSP	120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WO	PRKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY Checker Cach Co.
D D ISO STATE	SING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 136. COUNTY 136. CITY OR TO		130.STREET ADDRESS / ZI	CODE 21217 Count St
The second of th	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	WIDDIE	LAST
160 WAS DECEASED EVE	IN U.S. ARMED FORCES? 166 SOCIAL SEC (IF YES, GIVE WAR OR DATES) 700-[8	-3037 Romed Mc	Clarry 9823	Branchleigh Rd
Conditions, if on government of the conditions of the conditions of the consection o	mediate DUE TO, OR AS A CONSEQ	toute issit	coreina	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MACHINE
The significant of the significa	NIFICANT CONDITIONS CONTRIBUTING TO	stre or barrelo	willet over	nima
TIFICA ON SO		CH OPERATION WAS PERFORMED	YES NO IN	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING [CAUSE OF DEATH HOUR A.M. MONTH (CAL EXAMINER) P.M.	DAY YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN	(TEM 18 PART I ORPART 2)
WHILE NOT AT WORK AT W	HILE CAT HOME STREET, FACTORY, OFFICE	E, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
sow the dece	(this hospital) attended the deceased from ed alive an 19 did) (did not) view the body after death.		death accurred on the date of	
# 1000 H	unteren up		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO FUNERAL TO FUNERAL With the State A MAD		22e. ADDRESS 0 Wa.	chington B/v	el, Balto, Masse
230 BURIAL, CREMATION (SPECIETY) DUTICE	REMOVAL 236. DATE 5-6-86 23	Cadar Hill Cenetery	23d LOCATION GIYORTOWN AVINE A	rundel Co - Md
IMH - 16 60M 7/84 24 FUNERAL DIRECTOR	18H Man / POPRESS	WATO 250 DAM	REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNAL PROPERTY.



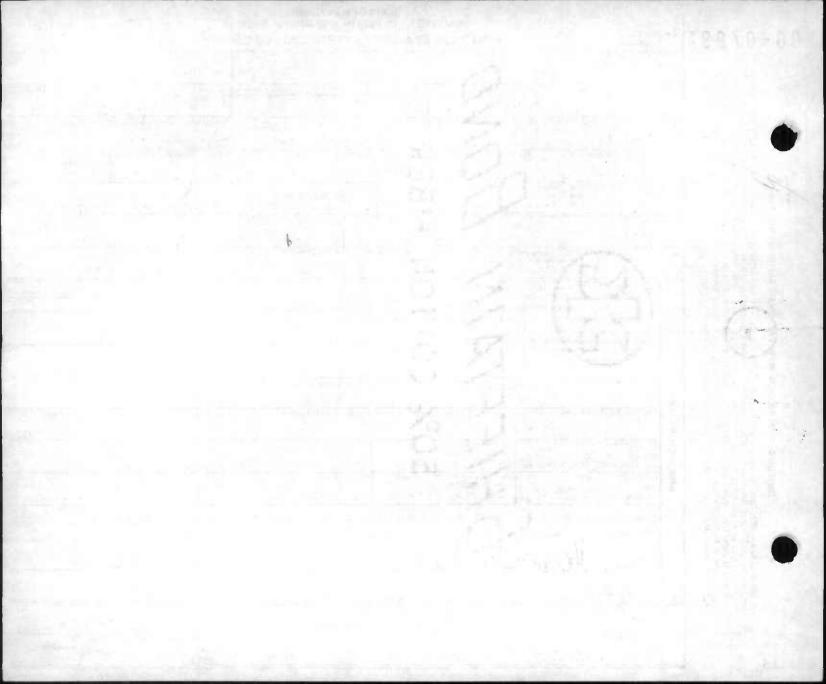
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tor, p	3. SEX						VTH D			YEARS LAST BIRT			
Pog Til	70. BIRTHPLAC		OREIGN 1			NTRY? 8			9 BALTIMO	ORE CITY O		Y OF DEATH	
# The 2	Balt	more,	Md.	USA						ltimo	re Ci	ity	MD.
s offer d	Baltin	WN OF DEA		(IF NOT IN SU	CH FACILITY GIV	E STREET ADDRESS)	OR OTHER	INSTITUTION	TYPE OF WO	RK FOR MOST O		IFE) INDUSTR	Υ
IAND 2120	USUAL RESIDE 130 STATE Mary		136 COUN	TY				DE CITY LIMITS?	13. STREET 81	ADDRESS /	zip cot	erk Rd.	21220
	FATHER'S	AME Harry	Wils	son Mc	Claske	AST Y	15 MOT	HER'S MAIDEN N	_	Betz		ι	AST
BALTIMORE, MARY one executed with one complete oges, Lond 2 it, the medical fromia	YES, NO OR		IN U.S. ARA	MED FORCES?					Claskey			Sam	e
W. PRESTON ST., BAL. of the death mindon y the other ing proving cremotion, or cremotion, or disher troumotic event, the	Conditi gove	ons, if ony,	'AS CAUSED IMMEDIATE which nediote	DUE TO, (b)	DR AS A CON	Track Stone	leal	obstr	care	-		BETWEE	MONST AND DEATH
RECORDS, 201 1. low requires the control of the perior to buriol, or we prior to buriol, or control of the con	PART 2	ing couse	lost NIFICANT C	ONDITIONS C	ONTRIBUTION	IG TO DEATH B			E		20b. IF YE	ES, WERE FINE IFYING CAUSI	DINGS USED
VSICIAN: The ding physicion buriol-tronsit promoter Memoral Hygien it fem 18 shown it fem 18 s	OR CONT	RIBUTING	CAUSE OF DEAT	TH HOUR A	.M. MONT		R		RRED (ENTER N	ATURE OF INJUR	Y IN ITEM 18	PART OR PART 2	
	AT WORK	NOT WE	TILE RK	(AT HOME, S	TREET, FACTORY,			STREET		CITY OR TO	WN 110	COUNTY	STATE
OR ATTEND OR ATTEND OR DIRECTOR. , oched for use Dept. of Hem	sow	the decease ve, (I) (we) (d	ed olive on_	5	49	-	//		n deoth occurr	ed on the do	ite and ha		
TO HOSPITAL O retoined by the TO FUNERAL DI should be detoch with the Stote DR IMPORTANT. If I	22d. PHY	SICIAN'S NA	AME (TYPE OR	PRINT)		R	22e AD		MEDICAL	STAF PHYSIC		11	119/86
TO Horizon	23a BURIAL, C	REMATION,	REMOVAL	23b. DATE		23¢ NAME OF	CEMETERY	OR CREMATORY	23d. LOC		19	COUNTY	X/ZQZ
BP	SPECTON 24 FUNERACE	49	CRACE S. DATE OF BITCH S. ORDER PLANS S. ORDER PL										
DHMH - 16 60M 7/84 (VRA 15, 4)	Bruzdzi	nski	Funera	1 Hothe	JA 14	07 Old	Easter	m Ave M	AY 20	1986	y was	Devidon-	Mandall

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Wm.C.March F/H Inc. 1101 E. North Ave

(VRA 15, 4)

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00-0667 irector, page 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6 REG. NO

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1 3 9 2 4

1. DECEASED NAME FIRS	17	MIDDLE	LAS		20 DATE OF DEATH	DATH DA	AY YEAR	26 HOUR		
N N	ILLIAM	J. Mc	COMAS		U U		86	30		
3 SEX	4 RACE		5. DATE OF		6. AGE (IN YEARS LAST BIRTHD		ONTHS DAYS	HOURS M		
Male	White		April	7, DA 1900 YEAR	86	YRS.	Oranis Davis	10000		
To. BIRTHPLACE I STATE OR FOREIG		WHAT COUNTRY?	8	D NEVER HARRIED D	9 BALTIMORE CITY OR	COUNTY	OF DEATH			
Baltimore, Md.	U.S.A.	•	WIDOWED	NEVER MARRIED DIVORCED DI	BALTIMORE	E CI	TY			
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OTHER INSTITUTION	12a USUAL OCCUPATION			F BUSINESS		
BALTINORE	UNIC	ON MEMORI.		PITAL	Interior Do	ORKING LIFE)	Home	Furn.		
USUAL RESIDENCE (IF MURSING HO 130, STATE Maryland	OME OR OTHER INSTITUTION COUNTY	Baltanon	E ADMISSION)	3d Inside City Limits? Yes 🔼 NO 🗌	3939 Roland	Aven	me 212	11		
14. FATHER'S NAME FIRST Harry McComas	WIDDLE	LAST		S MOTHER'S MAIDEN NAME ELLA FISH FILL	inger MIDDLE		LAS	т,		
		166 SOCIAL SECL		7 INFORMANT	ADDRESS					
Yes, NO OR UNKNOWN) (IF	W TWAR OR DATES	217 05 4	1098	Shirley Lee	1131 Roland	Heigh	hts Av	e		
	ter anly and entre be	three for (a) (b) on				APPROXIMATE INTERVAL BETWEEN ONSET AND DEA				
	18. CAUSE OF DEATH letter only one couse per line factor, (b., and ice i PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY ARREST									
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN THE TOTAL CONCESSIVE HEAD FAILURE. REMY FAILURE 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 100 AUTOPSY? 100 ENTIRY									
RITE	YES NO YES									
OR CONTRIBUTING TO CAUSE	OF DEATH HOUR A.	DE INJURY .M., MONTH D. .M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY II	NITEM IB PAR	RT OR PART 2)			
(IF EITHER, NOTIFY MEDICAL EX. 21d. INJURY OCCURRED	21d. INJURY OCCURRED 21e PLACE			OF INJURY REET, FACTORY OFFICE, FARM, ETC.) STREET						
WHILE NOT WHILE	CITY OR TOWN		COUNTY	STAT						
	220.1 certify that (I) (this haspital) attended the deceased from 4119 19.66 to 5/11 19.66 that (I) (we) lo									
saw the deceased ali	sow the deceased alive an 5/11 19 562 and that in (my) (aur) aprinion death accurred an the date and haur and fr									
	abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE									
m. 78212	of Raw	an 1	rio	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NE	371. DATE	1-86		
224 PHYSICIAN'S NAME	(TYPE OR PRINT)	0		22e ADDRESS						
M.KEITH	RAWLINGS			UNION MEM	ORIAL HOSPITA	AL.				
23a BURIAL, CREMATION, REMO		230 1	NAME OF CEA	Crematroy	234 LOCATION					
Cremation	236. DATE 0.5-12-	·86 We	strien	crematroy	Catonsvil	le. E	Balto (o. Md		

24 FUNERAL DIRECTOR
Burgee-Henss Funeral Home, Baltimore, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MELEN J. MCCOM

YOUN PERTONE

U.II. OF IT IT I TOIN

B. LITT.K

Taginn your reside

Sayous Jako JAP

THE PERSON NAMED OF THE PERSON
who ass.

AND ATTERNAL

JUSTIEVAN LADERKE MEETIN

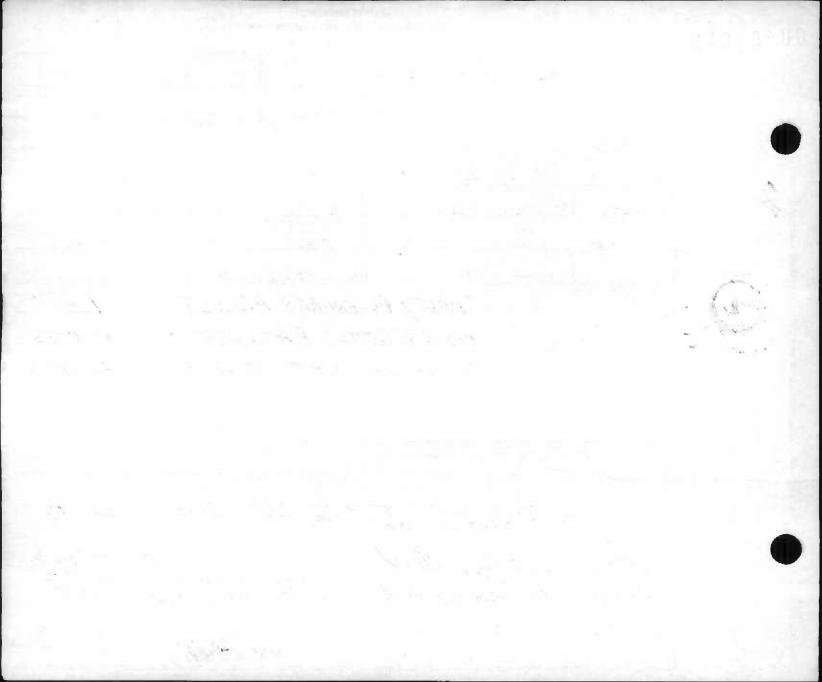
STATE OF MARYLAND	STATE	0F	MARYLAND	
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				SIAII	E OF MARTLAND			and the same	4118
1	FOR - STATE		DEPARTA		EALTH AND MENTAL HY	GIENE 8	6	1 3 7	2 5
1 0	REGISTRAR					T	REG. NO.		
	ECEASED NAME FIRS		BERT MC	CRAW	AST	2a. DATE C	24, 198		26 HOUR A
3. SE	X	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER TYEAR	R IF UNDER 24 HRS
	MATT	1.77.77.0		MONTH				MONTHS DAYS	HOURS MIN.
12.0	MALE INTERPRETATE OF FOREIGN	WHIT	WHAT COUNTRY?	5 -	- 02 - 86	0.0417444		RS ZZ	
	COUNTRY)	1/6 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	DATE	ORE CITY OR COL		
	MARYLAND	U.S.		WIDOWE				TY	MD.
5	BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSIN CH FACILITY, GIVE STREET I JOHNS HOP	ADDRESS)	HOSPITAL	(TYPE OF WO	OCCUPATION RK FOR MOST OF WORK		OF BUSINESS OR Y
	STATE ALLE	ME OR OTHER INSTITUTION							
	. 13.7	ARROLL	SYKESVI		13d. INSIDE CITY LIMITS?		ADDRESS / ZIP (t.1 21784
_	ATHER'S NAME	AKKOLL	DIVEDATI	ظبي	15. MOTHER'S MAIDEN N.		viiiage	RUAU ADI	2.1 21/04
1	FIRST	MIDDLE	LAST		FIRST		MIDDLE		AST
11.	Gleason WAS DECEASED EVER IN U.S	Robert	McCray	**	Susan 17. INFORMANT		Lynn	Groo	<u>ki</u>
		ES, GIVE WAR OR DATES)	100 SOCIAL SECO	KILT NO.	17. INFORMANT		ADDRESS		
	NO		?		Mr. & Mrs. C	31eason	McCraw	Sykesvi]	
	18 CAUSE OF DEATH (Ent	er only one couse per	line for (a), (b), and	d (ch.)		4 -		BETWEEN	XIMATE INTERVAL NONSET AND DEATH
	PART I. DEATH WAS CA	AUSED BY: DIATE CAUSE (a)	CARDIC	PU	LMONARY	ARRE	957	/	HOUR
	I/V/VL								
	Conditions, if ony, which		R AS A CONSEQUE	non	797 Es-	TIN	200	15	DAVC
	gove rise to immediate		11/00/1	1-170	NO INI	LUIC	.0	10	-11/-3
	underlying couse los		R AS A CONSEQUE		WMAT	mo	2	72	amie
		(c)	CONGENT		- 70ME/	וטבעיו	150	22	DITYS
z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	SE OR CONDITION	GIVEN IN PART I	110
CERTIFICATION	190. DATE OF OPERATION	181 60110	TION FOR WAIRE	ODERATIO	NAME OF DESCRIPTION	I an arriv	OBCVO LONG	IE WES WERE EINER	h.100.1100
O	140. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	IN C	IF YES, WERE FIND ERTIFYING CAUSE	
RTI						YES [NO	YES 🗌	NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		OF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER N	ATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
CAL	(IF EITHER NOTIFY MEDICAL EXA	DE DEATH	M.	19					
WEDICAL	21d. INJURY OCCURRED		OF INJURY		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
Z	WHILE NOT WHILE AT WORK] (AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC)	SIREEI		CITTORTOWN	COOM	SIRIE
	220 I certify that (I) (this		e deceased from	3	18 10 80	0 10	5/24	10 86	that (1) we) last
				86 6	nd that ((my) our) opinion	n death occurr	ed on the date and		
	sow the deceased alivabove (I)/we) (did) (d	id not) view the body	after deoth.					Lin Bar	F F F F F F F F F F F F F F F F F F F
	772011	10/11	M	1	DEGREE ATTENDING	MEDICAL	STAFF	/ III. DAI	1-16
	John 4, 11	Cl some	4 /1/	11.	PHYSICIAN		PHYSICIAN	(5/	24/86
	PHYSICIAN'S NAME	TYPE OR PRINT)	/	0	22e. ADDRESS JOHA	15 401	PICDUS.	HOSPI	TAL
	Nohmali 1	The Clas	KeV.M	U.	BALTON	HORE	mi	1 2/20	25
23a	BURIAL, CREMATION, REMO	VAL 23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOC	ATION		
	BURIAT,	5-27-	/		wn Mem. Garde	CIT	Y OR TOWN	YTOUDS	STATE
24 F	UNERAL DIRECTOR	1 5-2/-	-00 1016	SOULA	25a. DA	ATE REC'D. BY	DECISTRADISC DE	CICTOAD'C CICNIA	TLIDE
	NAME		ADDRESS	7 1/1	1 14	AY 2.0	1986 Juli	a Davidson-	handelle
T	HAIGHT FUNERAL	HOME	SYKESVILLI	L, MI	21/04	711 -0	1000		

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL HOME

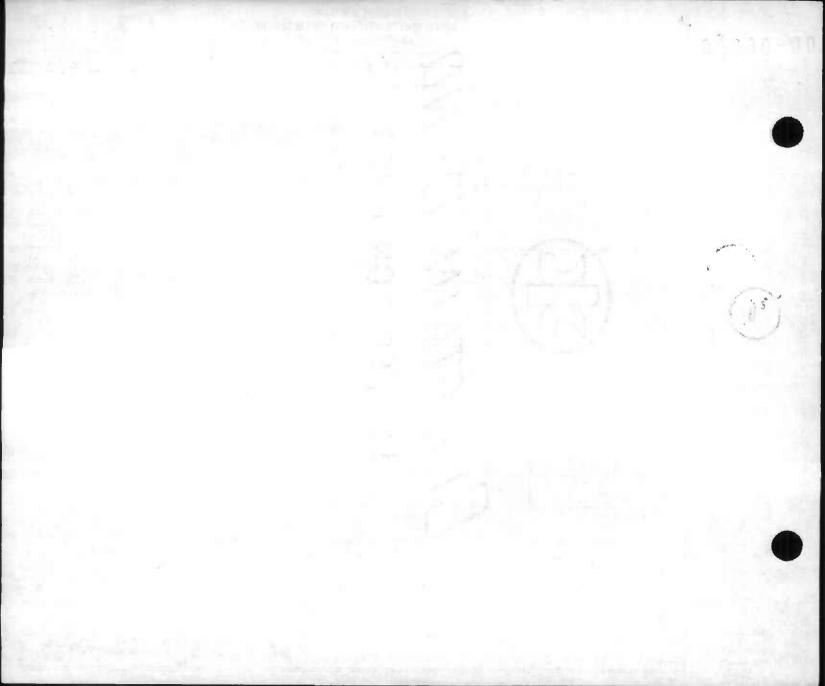
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March Funeral Home West 4300 Wabash Avenue

DHMH - 16 60M 7/B4

(VRA 15, 4)



within 24 hours ofter

executed

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the hospital or attending

-	FOR STATE REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

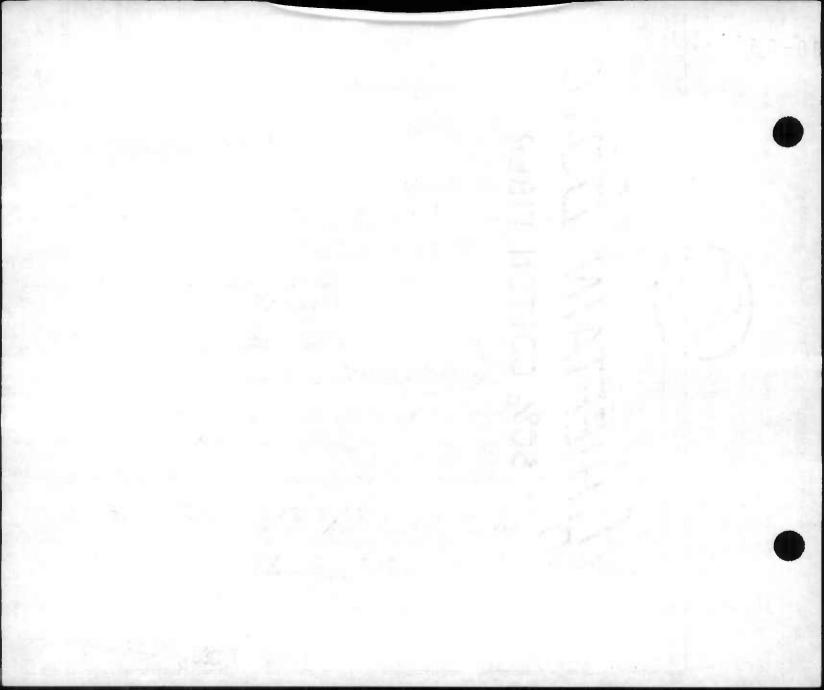
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1'	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO			
	CEASED NAME	FIRST		MIDDLE	ı	AST	2a. DATE O	FDEATH M	ONTH DA	Y YEAR	2h HOUR
	Ro	bert			McDan	iel			5 5	86	8:45
3. SE			4 RACE		5. DATE C		6. AGE (IN	rears last birth		UNDER I YEAR	IF UNDER 24 H
	Male		Black	K	4	19 30	5	6	YRS		
7a. BI	IRTHPLACE (STATE OR	FOREIGN 1	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH	
	S.C.	700		USA	WIDOWE			timore	City		
10. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL	OCCUPATIO	N		F BUSINESS
	altimore		Bon Se	ecours Hos	p.		,	abled	,		
	AL RESIDENCE (# NURS	136 COUN		GIVE RESIDENCE BEFORE 130 CITY OR TOW Balto		13d. Inside City Limits? Yes X NO []	13e STREET 501	ADDRESS /	ZIP CODE		122
14 FA	ATHER'S NAME		AIDDLE	1.457		15 MOTHER'S MAIDEN N	AME	WIDDLE		LA.	
3	Joseph	~	NIDOLE .	McDanie1		Priscill	a	MEDIE	C	antv	
	VAS DECEASED EVER		AED FORCES?	166 SOCIAL SECU	RITY NO	17. INFORMANT		ADDRES			
	No	(IT TES GIVE	THAN OR DAIES	213-28-5	589	Pauline	Hall 6	24 N	Payso	n St.	
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter onl	y one cause per	line for 101, (b), one	dicul						MATE INTERVA
	PART I. DEATH W		E CAUSE (D)	CARDIOPU	rus	NARY ARR	621			IMI	IEDIA.
		mediate ng the last.	(c)_	RAS A CONSEQUE	NCE OF	REBROVASCO				N IN PART 10	0
NO	SEIZUT		DISORT								
CERTIFICATION	190 DATE OF OPERA				OPER ATIO	N WAS PERFORMED	200 AUTO			WERE FINDI	
Ü	21a. ACCIDENT WAS UN		21b. TIME O		Y YEAR	21c HOW INJURY OCC	JRRED (ENTER NI	LTURE OF INJURY	IN ITEM 18 PAR	II I OR PART 2)	
S	OR CONTRIBUTING (IF EITHER NOTIFY MEDI		in .		19						
MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY	ARM ETC I	21f LOCATION STREET		CITY OR TOW	N	COUNTY	STAT
~	AT WORK NOT WE	HILE				1		1	-	or	
	22a.1 certify tho				2/ 7	19.8	, to	5/5		00	tho (I) (we
	sow the deceas above (1) (we) (ed alve on did) did not	view the body	ofter death			on death accurre	ed of the dot	e and hour (
	226 SIGNATURE	and	Eller	mer	m	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF		S/T	186
	22d. PHYSICIAN'S N.	AME (TYPE OR				22e ADDRESS		1 0=	0.	_ /	
	DAVI	D Z.	HERM	IKM		800 BRA	031214	ANF	DAL	Timor	t) m
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATOR	y 23d LOC.	ATION		COUNTY	STA
	Burial		5/10/	'86 Ce	edar I	Hill Cem.		- Arun	dal Co	MA.	ATA
24 F	UNERAL DIRECTOR			ADDRESS			ATE REC'D BY	REGISTRAR 2	R GIS	र्श हे घट श्रेष	bridge
	Wm. C. Ma	arch F	/H West		Waha	sh Ave	YAN	1986		7.	

DHMH - 16 60M 7/B (VRA 15, 4)

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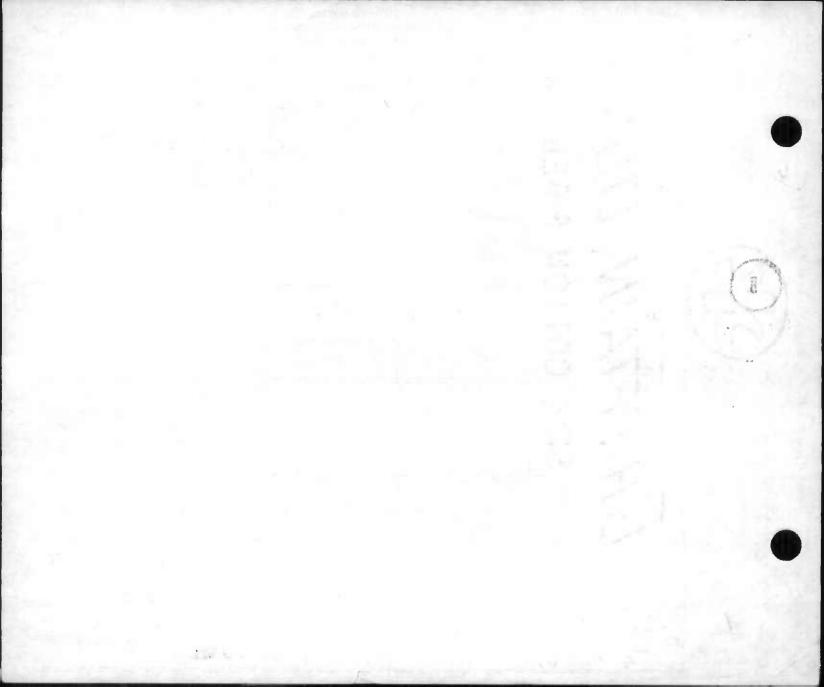
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		orge	-	- 3	1.
6	1	5	7	Em	C
REG. NO.					

RI	GISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	SED NAME FIRST		MIDDLE		AST	2a. DATE OF DEATH		DAY YEAR	2b. HOUR
(TYPE OR	Mar Mar	tri n		McDowe	7 7	May 27 7/	200		6:00 PM
3. SEX	naı	4. RACE		5. DATE O		May 21 10	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
M	Ale	6/19	CIC	MAN	29 108	78	YRS	MONTHS DAYS	HOURS MIN.
COU	PLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	_	OF DEATH	
	NNESSE	4-)-	WIDOWI		Baltimore		IN KIND O	ME OF BUSINESS OR
	Baltimore	(IF NOT IN SE	HOSPITAL, NURSI JCH FACHLITY, GIVE STREE and Gener	T ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST	OF WORKING LI		IF BUSINESS OR
USUAL F	RESIDENCE (IF NURSING HON		HOCITY OR TO	re admission)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	/	2/2-
VIAK	YLAND -		BALTIN	IBRE	YES NO	565 K	X-11CE	RST.	0/0/1/
	ER'S NAME FIRST	n/Cn	ron		15. MOTHER'S MAIDEN NA	ME RIDDLE ADDR	nv	U IAS	it
	DECEASED EVER IN U.S	. ARMED FORCES? 5, GIVE WAR OR DATES)	166 SOCIAL SEC	URITY NO.	Chart	ADDR	233		
18	CAUSE OF DEATH (Ente	r only one couse of	er line for (a) (b) a	nd (c+)				APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
1.0			Aspirati		eumonia				2 days
CATION	ART 2. OTHER SIGNIFICA Accelerated Date of operation	Hyperte	nsion, Gl	aucom	NOT RELATED TO THE TERM R N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED S OF DEATH?
CERTIF					100	YES NOX		ES 🗌	NO [
	ACCIDENT WAS UNDERLYING CONTRIBUTING	F DEATH HOUR	OF INJURY A.M. MONTH [P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	IRY IN ITEM 18	PART I OR PART 2}	
WEDICA 21	d. IN JURY OCCURRED WHILE NOT WHILE NORK	21e. PŁAC	E OF INJURY STREET, FACTORY OFFICE	, FARM, ETC }	216 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
	o. I certify that (X)(this h sow the deceosed aliv above, X) (we) (did) (di	aspital) ottended e on <u>May 2</u> W X view the boo	the deceased from 17, 19 19	April 86 ,	nd that in ((our) opinion	to <u>May 2</u> deoth occurred on the c		ond from the	
	b. SIGNATURE	saille	my		ATTENDING PHYSICIAN [MEDICAL STA		22c. DATE	21 / 86
27	A PHYSICIAN'S NAME I	The Pa	irikh	Mb	27e ADDRESS c/o Maryla	nd General	Hospi	tal	
23a. BUS	AL, CREMATION, REMO	VAL 236 DATE 5- 2	7-86 7	NAME OF C	MEM. PARM	23d. LOCATION CITY OR TOWN	MORE	E COUNTY M	lcl. STATE
	ERAL DIRECTOR _ / *					TE REC'D. BY REGISTRAL			editorial to the b

DHMH - 16 60M 7/B4 (VRA 15, 4)



moy be

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

the funeral director, page 3 withing? 2 hours after death

70

CTATE OF MADVIAND

STATE OF MARTEAND									
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8								
CEDTIFICATE OF DEATH	V								

1.	FOR STATE REGISTRAR M	largare	et A.	DEPARTA McElro	CEPTIE	EALTH AND MENTA	L HYGIE	NE 8 6	0.	3 9	2 9
	CEASED NAME	FIRST	. /	MIDDLE		ASI		20 DATE OF DEATH	-	OAY YEAR	76 HOUR 19
, , ,	m.	angare	24	A.		mc EL109	4		5 2	3 80	13/1
3. SE	× /	4 R/	ACE A		5. DATE (, ,		AGE (IN YEARS LAST BI	RIHDAY)	MONTHS DAYS	
-	temale		Car	ec ·	0	0/	4	7/	YRS.		
	IRTHPLACE (STATE OR F	OREIGN 7b. C	ITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIE	D C	BALTIMORE CITY	OR COUNTY	OF DEATH	
	Maryland	1	USA		WIDOW		_	Baltimo	re C	ity,	WE
10. C	ITY OR TOWN OF DEA	TH 11.		HOSPITAL, NURSIN		OR OTHER INSTITUTIO		17a. USUAL OCCUPAT			OF BUSINESS OR
1	Jacto,	1/3	on 1	ecousy	No	1PHAC		homemake			
	AL RESIDENCE (IF NURSI	13b C TY	RINSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltin	'N	13d. INSIDE CITY LIM'	_	3e.STREET ADDRESS	ZIP CODE	mula	ad Aus
14. F/	ATHER'S NAME				1010	15. MOTHER'S MAIDE			0.10	700	9 0,00
	FIRST	MIDDI		LAST		Ch re-	isti	WIDDLE		Kellr	ASI
	Rudolph WAS DECEASED EVER	IN U.S. ARMED		16b SOCIAL SECU		17 INFORMANT	1211	ADDR	ESS		Section 1
	YES, NO OR UNKNOWN)	(IF YES, GIVE WAI	R OR DATES)	216-56	-685	A	C	McElrov.	hugh		ame as
	18. CAUSE OF DEATI	H (Enter only or	ne cours per			D MOTITE	,	MCELLOY,	11(0/5)0/	APPRO	XIMATE INTERVAL N ONSET AND DEATH
	PART I. DEATH W	AS CAUSED BY		S	Str	Calman	a				CHIEF MAD DEATH
		IMMEDIATE CA		B 45 4 CONSTOUR	TAICE OF	1 1	,	A			
	Conditions, if ony,	which (DUE IO, O	R AS A CONSEQUE	-1	hast Le	Pentr	21		1	
14	gove rise to imm	nediote	DUE TO 0	R AS A CONSEQUE		2 0 0	1.	, +			
	underlying couse		(c)	9 6	eled	gastero	Slo	- y sile	,		
NO	PART 2. OTHER SIGN	I ICANA CON	DITIONS CO	ONTRIBUTION TID	DEATH BUT	NOT RELATED TO THE	E TERMIN	MAL DISTASE OR COM	ha c	IN IN PART 1	lub
CERTIFICATION	190 DATE OF OPERAT	LIOIN	1% COND	ITION FOR WHICH	OPERATIO	NWAS PERFORMED		29s AUTOPSY?		S, WERE FIND	INGS USED S OF DEATH?
H								YES NO		s 🗍	NO [
1 8	71a. ACCIDENT WAS UND		216. TIME C		AY YEAR	21c. HOW INJURY O	OCCURRE	D (ENTER NATURE OF INTE	JRY IN ITEM 18 I	PART T OR PART 2)	
EDICAL	OR CONTRIBUTING C		P.		19	1300				100	
ED	21d. INJURY OCCURE	RED	21e PLACE	OF INJURY REEL, FACTORY, OFFICE, F	ARM FICT	21f. LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
2	AT WORK NOT WH	RK		neer, cheroke, office, i	-		01		0	01	1
	22a.1 certify that (I)		ottended th	e deceosed from_	3	9 19	06	_, to	05	19_06	, that (1) (we) los
	sow the decease above, (I) (we) (a		w the body	g/fgr deoth.	26.0	nd that in (my) (our) o	pinion de	eoth occurred on the o	lote and hou	ond from the	e couses stated
	276. SIGNATURE	TO	ma	le :		DEGREE	forms	MEDICAL ST	rr.	22c. DAT	TE SIGNED
		19	130	C		ATTEND PHYSIC		MEDICAL STA			
	22d. PHYSICIAN'S NA	R SHA	W-5	. SAL	UJA	1600 P	no	Royal	Aug	Aulti	12/2/

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. Permit the State Dept. of Health and Mental Aygiene prior to burial, cremation, or removal.

attending physicion

TO HOSPITAL OR ATTENDIN

njury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Burial

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
Balto

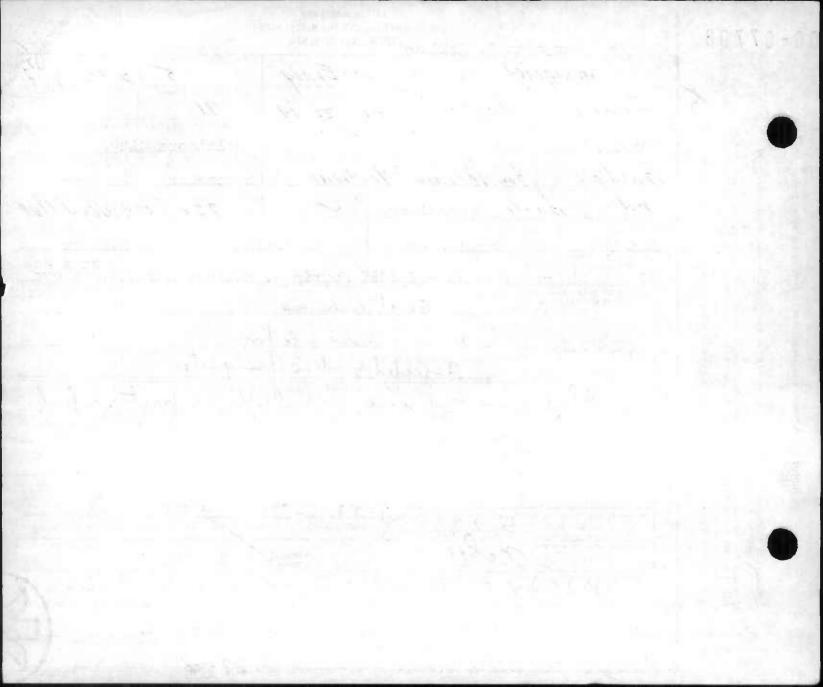
COUNTY

STATE

5/27/86 Oaklawn Cemetery Md. 3331 Brehms Lane 25b. REGISTRAR'S SIGNATURE

FUNERAL HOME Balto Md. 21218

24 FUNERAL DIRECTOR



0-06684

			-		
STA	TE	OF	MA	RYL	AND

CERTIFICATE OF BEATH

3

	FOR STATE REGISTRAR		DEPARTN		HEALTH AND MENTAL HYG	IENE 8 6	1 3	9 3 0
	1 DECEASED NAME FIRST		MIDDLE		LAST		MONTH DAY YEAR	2b HOUR
4	(TYPE OR PRINT) H 4131	FRT		1	10 GEE		5/12/86	3:50 PM
	MALE	4 RACE BLACK		5. DATE (6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEA MONTHS DAY YRS	AR IF UNDER 24 HRS
	70. BIRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED		R COUNTY OF DEATH	
	UNKNOWN	U.S.	Α.	WIDOW	ED DIVORCED	BALTIMORE	CITY	MD
	10 CITY OR TOWN OF DEATH BALTIMORE	Lythe	TAN HO	SPIT	al of md.	120 USUAL OCCUPATION OF THE NEW FOR MOST OF		OF BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE	OTHER INSTITUTION	BALITIMO	RE	138. INSIDE CITY LIMITS?	226 NORTH	MADERIA STR	EET 21231
5	14 FATHER'S NAME UNKNOWN	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/			LAST
	160 WAS DECEASED EVER IN U.S. ARI	MED FORCES? E WAR OR DATES)	2261499		BESSIE WOMAC	K 226 N. MA		ET
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	WHILE NOT WHILE AT WORK	(AT HOME ST	REET FACTORY OFFICE FA	ARM ETC)	STREET	CITY OR TO	WN COUNTY	STATE
	220. I certify that (I) (this hospit sow the deceased alive on, above, (I) (we) (did) (did no		19		nd that in (my) (our) opinion o			that (I) (we) last he couses stated
	226 SIGNATURE Le duris	200	L. Cus		DEGREE ATTENDING PHYSICIAN	MEDICAL STAR		TE SIGNED .
	22d. PHYSICIAN'S NAME (TYPEO	PRINT)			22e ADDRESS LCITITE	ena Ita	OSPITAL	7
	230. BURIAL, CREMATION, REMOVAL BURIAL		16-86 23cN		EMETERY OR CREMATORY INT ZION	23d. LOCATION CITY OF TOWN LANSDOW	NE COUNTY	MARYLAN
	24 FUNERAL DIRECTOR		ADDRESS		250. DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	ATPRINGER

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

ADDRESS WM.C.MARCH F/H INC. 1101 EAST NORTH AVE. MAY 1 5 1986

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificale be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the new discount conditional conditional filled in by the funeral director, page 3 should be detached for use as the buriot-transit permit. Then please mine, recommend and 2 should be filed within 72 hours ofter death with the Store Dept. of Health and Mannell Hygiente prior to buriot, cremation, or removal.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-06676 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR LIVEE OF BRIDE Ethuline McGraw May 13, 1986 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER LYEAR August 4, 1921 White Fomale To BIRTHPLACE ESTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED west Virginia U.S.A. Baltimore City WIDOWED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Riveter Glen Martins 1117 West 40th Street Baltimore ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13e.STREET ADDRESS / ZIP CODE 1117 W. 40th Street 21211 Maryland YES X 15 MOTHER'S MAIDEN NAME Thomas Edward Mizo Lucille Violet Forbes 16b SOCIAL SECURITY NO 17 INFORMAN 234 20 6967 William F. McGraw. Sr. Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY ANCER unt DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY AT HOME, STREET, FACTORY OFFICE FARM, ETC) STATE 22a I certify that (I) (this hospital) attended the deceased from 01/0/86 _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated oboye ((we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT Dr. Richard Diamond 3547 Chestnut Avenue. Baltimore 21211

DHMH - 16 60M 7/B4

(VRA 15, 4)

Burial

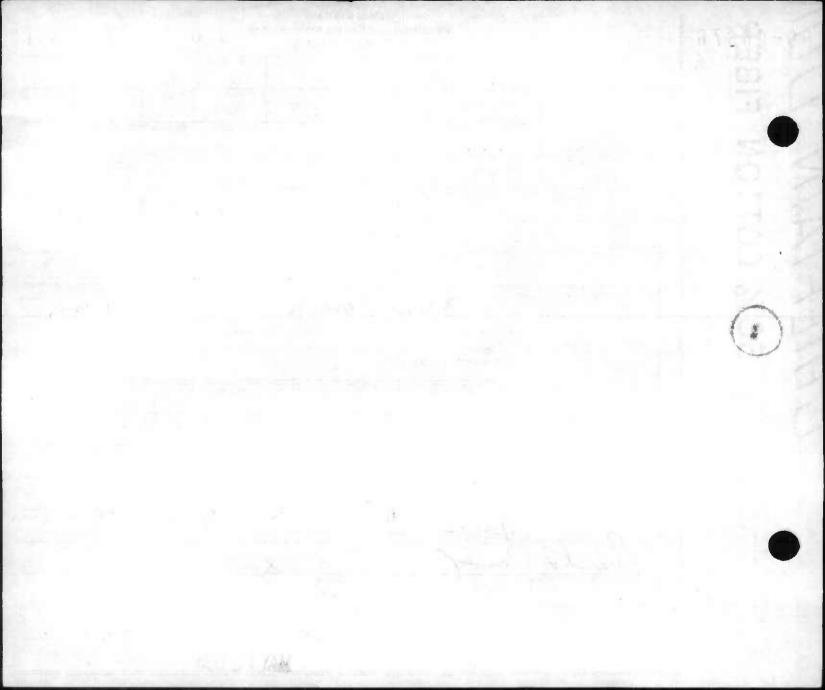
23c NAME OF CEMETERY OR CREMATORY May 16, 1986 Glen Haven Cemetery

Glen Burnie, A.A. Co., Md.

23a BURIAL CREMATION REMOVAL

Burgee-Henss Funeral Home. Baltimore 21211

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



00-

ely filled in by the funeral director, page 3 2 shauld be filed within 72 hours offer death

FOR STATE REGISTRAR

8

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6 REG. NO

MAY 12 1986

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	E OR PRINTI		» MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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3 SE	X	. 4	RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
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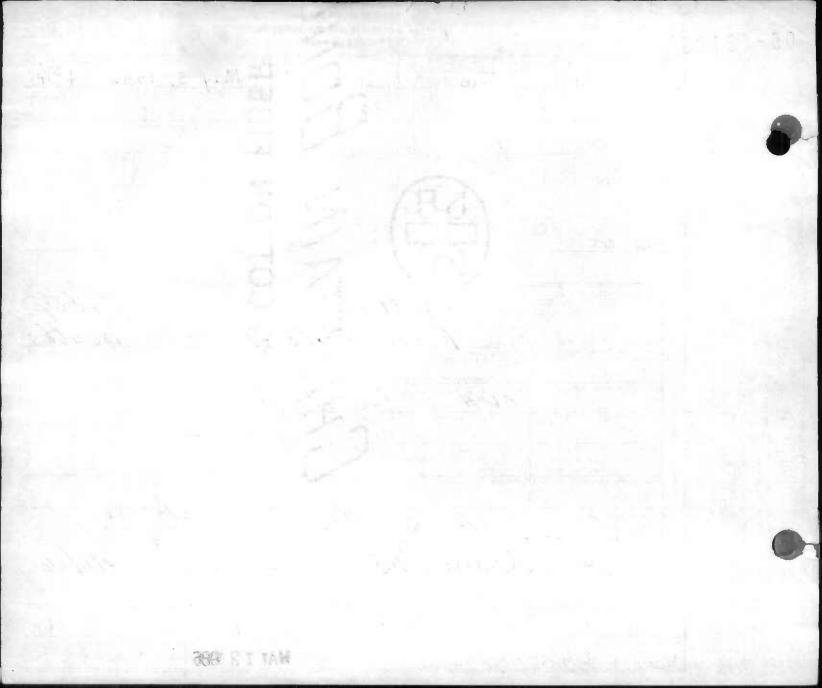
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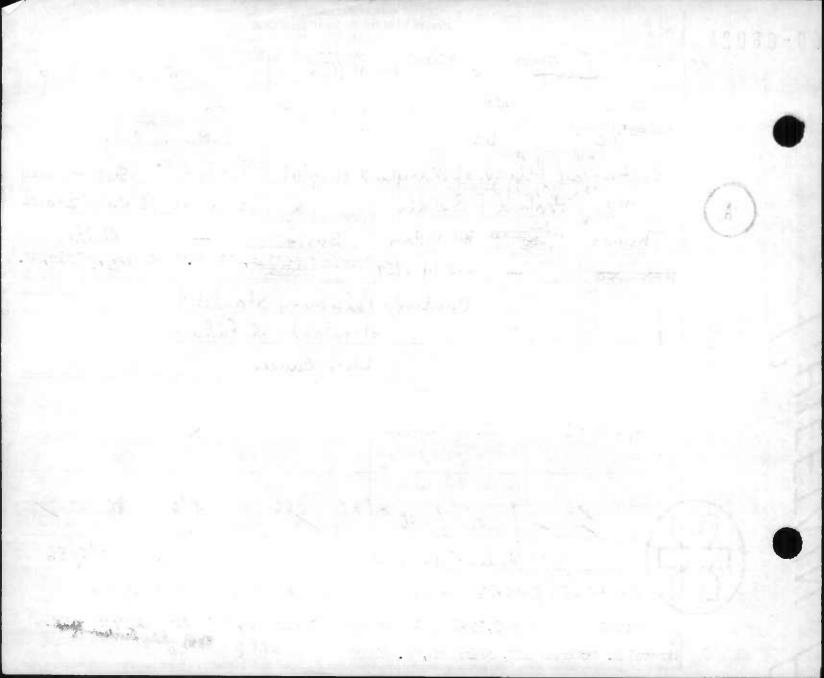
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MPORTANT: If hem 21 is marked at Item 18 shaws ony injury, or other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



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DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	uneral director ward K. McComa:			25a	MAY 8	1986	A PARTY NAMED IN	tude



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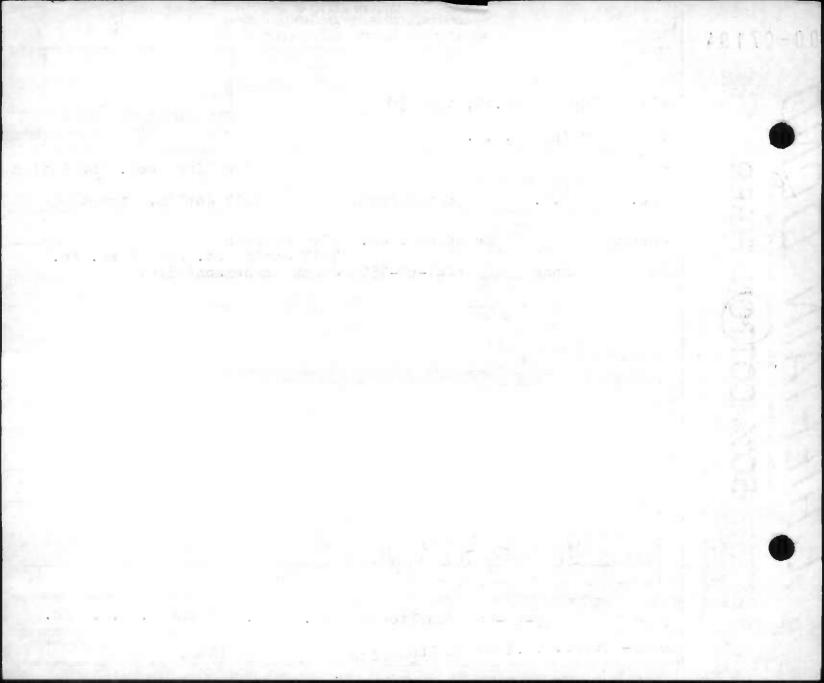
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1 2	STATE REGISTRAR		ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	B G REG. N	0.	7 3
	CEASED NAME FIRST FOR PRINT) Amar	ida Calliarire	McNeill	20 DATE OF PEATH 5/22/	86 DAY YEAR	26. HOUR 2 10 4
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE KNOWNX DAY VEAS 76 HOUR (TYPE OR PRINT) OF ESTI-**MCPHERSON** DEATH MATED CLYDE IF ANY DELAY IS NECESSARY, PLEASE
AND 3 TO THE FUNERAL DIRECTOR.
RETAIN, PAGE 5 FOR YOUR FILES.
FOLLD BE FILED. WITHIN 72 HOURS
RECORDS. 30, W. PRESTON STREET, 5-16-86 4. RACE 3. SEX 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOLINCED Aug. 27. 1955 Male Black 30 YR5 DEAD 5-16-869 3:55P Th CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED AND NEVER MARRIED FOREIGN COUNTRY North U.S.A. Carolina Baltimore City DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE Pipe Tech. University HospitalSTU Insulation Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SeatPleasant Md. 13L COUNTY 3d. INSIDE CITY LIMITS? 7217 Joplin, NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME B GIVE PAGES 1, 2 WITH FORM PM PAGES 1 PAGES MIDDLE EAST MIDDLE LAST McPherson Joseph Elva Johnson ONO 160-WAS DECEASED EVER IN U.S. ARMED FORCES? 7217 Joplin St. Seat Plea. Md. 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! DIVISIO 241-68-7579 Joann McPherson (Wife) None CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN FACIL FACE OF THE CHIEF MEDICAL AS HOULD BE FORWARDED TO THE CHIEF MEDICAL AS A BUILD BE FORWARDED TO THE CHIEF MEDICAL AS A BUILD BE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUILD BE TO FUNERAL WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARY LAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXX pedestrian struck by a vehicle 5-16-86 CONTRIBUTING CAUSE OF DEATH 2: 25PM 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME. AT WORK AT WHILE I-95 mi. S. of Mont. Rd Waterloc, Md. NOWY . FARM, ETC.) 22s I certify that I taak charge of the remains described obave, held an Autapsy Inspection and in my apinion death resulted from Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL DATE 5-17-86 Assistant MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Burial MdTATE .Chertenham, Cheltenham Vet. Cemt 5-20-86 07/84 BP 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE Comer-Hodges, F.H. 4907 MarlboroPike DHMH - 17 win spend about him house (VR A15 ME (5))



APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 COUNTY STATE that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 224 DATE SIGNED 23a. BURIAL, CREMATION, REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Randallstown STATE 5/17/86 Burial King Memorial Park MD BY REGISTRAR 256. REGISTRAR'S SIGNATURE DEVIATION OF THE PROPERTY OF THE PROPE 24 FUNERAL DIRECTOR March Funeral Home West 4300 Wabash Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
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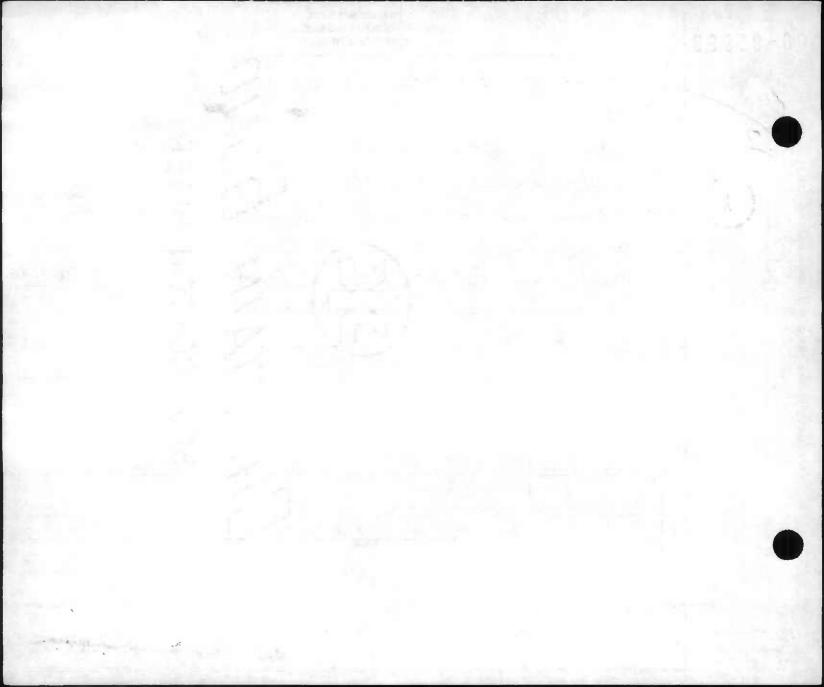
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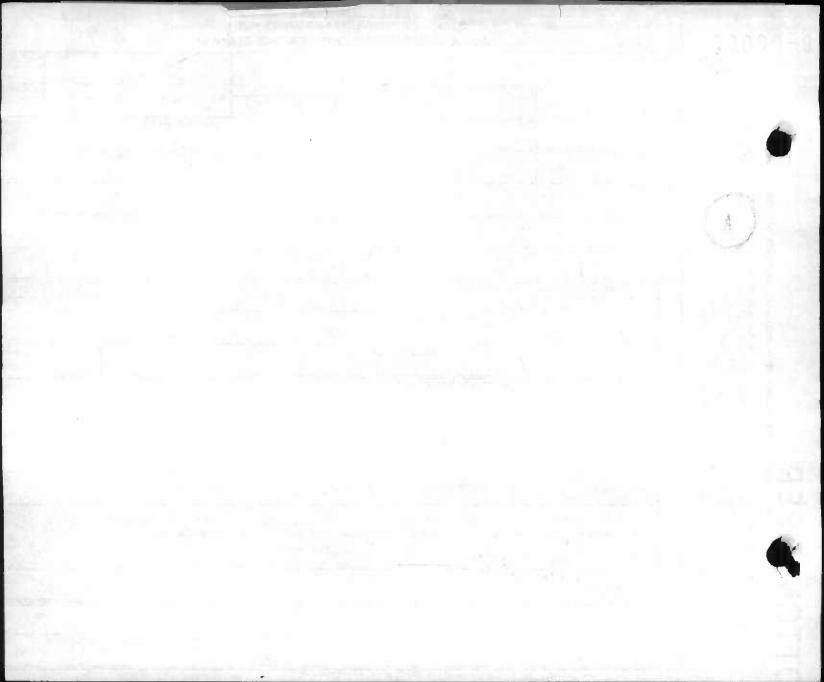
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



20M 4/82



U. S. HERRY MINER W. Land L. Barr Low 1075 Tind Survey

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR REG. NO L DECEASED NAME 20 DATE KNOWN YEAR 76 HOUR (TYPE OR PRINT) OF ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHN 72 HOURS TW. PRESTON STREET, Hilda Mick H. DEATH MATED 86 10 19 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 24 HOUR IF UNDER 24 HRS. DATE 34AR 13 PRONOUNCED Female White DEAD 10 10 86 3:35P TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land U.S.A. Baltimore City AND S. PAGE OULD BE FRED, IV. WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17e USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Housewife OR INDUSTRY Home Maker Baltimore 4220 6th Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13d. INSIDE CITY LIMITS? 4220 Sixth Street 21225 113b. COUNTY Maryland YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Scott Norton Anna Ritchie 166 SOCIAL SECURITY NO. 7. INFORMANT 21225 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, QR UNKNOWN) 213-32-8556 4138 Duane Ave Balto Md Linda L. Mick No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: ASTHMA IMMEDIATE CAUSE (a)_____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate E USED AS A BURIAL TOF HEALTH AND MENTA URIAL, CREMATION, OF couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOI EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BUSHAMONE, AMARYLAND, 21201 PRIOR TO BURIA YES XX NO [710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED THE PLACE OF INJURY CATHOME. 21f LOCATION BET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE NOT WHILE COUNTY Autopsy XX 27s. I certify thus I took che the remo described above, held on Inspection and in my opinion death resulted from Undetermined monner TITLE (SPECIFY) ACTUAL May 11, 86 Chief SIGNATURE MEDICAL EXAMINER EXAMINER'S NAM John E. Smialek, MD. AUDRESS 111 Penn Street, Balto, MD 21201 (TYPE OR PRINT) 230. BURIAL CREMATION, REMOVAL 236 DATE 5/14/86 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION st Md Md Veterans Cemetery Crownsville 07/84 BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE George J. Gonce 4001 Ritchie Hgwy Balto Md **DHMH** - 17 Julia Daydoon-Randalos MAY (VR A15 ME (5))

STATE OF MARYLAND

) G ·	-0.7759	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	5 REG. NO.	1	3 9	AA
	m.s		CEASED NAME	FIRST		WIDDLE		AST	2a. DATE OF		NTH D	AY YEAR	26. HOUR F
	y be leath		A	UGUS	T	WILLIAM		MILLER	MAY	22.	1986		4:50m
	ge 4 may	3. SE	x MALE		4 RACE WHITE		5. DATE O	DAY YEAR	6 AGE (INY	EARS LAST BIRTHD		FUNDER I YEAR	HOURS MIN.
	neral dire		IRTHPLACE (STATE OR FI COUNTRY) MARYLAND	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	DI NEVER MARRIED DI		RECITY OR C			MD.
102	by the fur		ITY OR TOWN OF DEA	p/	(IF NOT IN SUC THE	JOHNS HO	OPKIN	OR OTHER INSTITUTION IS HOSPITAL	12a. USUAL ((TYPE OF WOR	occupation k for most of w er (Ret	J ORKING LIFE	INDUSTRY	of Business or Employed
AND 21	filled in nould be	13o.	ALRESIDENCE (# NON) STATE ARYLAND	A3P. CON	OTHER INSTITUTION NTY CO.	13c. CITY OR TOW BROOKLY	N	13d. INSIDE CITY LIMITS?		ADDRESS / Z		. 2122	5
MARYLAND	ompletely and 2 st)	LEWIS		MIDDLE	LAST MILL		15. MOTHER'S MAIDEN N FIRST MARGAR	ET	MIDDLE		SCHI	INE
BALTIMORE,	be execu		NAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIV	MED FORCES? (E WAR OR DATES) (A)	213-34-		MR. CHARLES		ADDRESS LER, SF	212	verna	
	rtificate a physicic on popers emoval.		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE		RESPIRAT		ARREST			41,		MUL.
PRESTON SI	deoth ce attendin nave carb ation, ar r		Conditions, if any,		DUE TO, C	SEVERE	ME	TABOLIC D	ISTURB	ANCE	S	2	days
01 W. P	that the d by the lease renial, crem		couse (a), stating underlying couse	g the lost.	(c)		ATE	D NON-HODG				1	month
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AL REC	The low ricion. te hos bee isit permit. giene prio	CERTIFICATION	190 DATE OF OPERAT				OPERATIO	N WAS PERFORMED	700 AUTO	NO	V CERTIFY YES		S OF DEATH?
I OF VIT	SICIAN: ng physic certificat riol-trans frem 18 s		710. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DE	HOUR A	OF INJURY .M. MONTH DA .M.	YEAR	21c HOW INJURY OCCU	RRED (ENTER N	TURE OF INJURY IN	NITEM 18 PA	RT 1 OR PART ?)	
DIVISION OF VITAL	ottendir ottendir ter this s the bu	MEDICAL	21d INJURY OCCURR	ue 🗍		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	44	CITY OR TOWN	,	COUNTY	STATE
٥	TTENDIN pital or TOR: Af far use o af Health		22a.1 certify that (1) saw the decease above, (1) (we) (d	d alive an	MAY	22 19	APRIL	nd that in (my) (our) opinio	n death occurre	d on the date	ond hour	ond from the	that (I) (we) last causes stated
	AL OR A The hos AL DIREC Jetached are Dept. T. If Item		22h SENATURE	2.12	Cent	- IV Vedili.		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAL	X	5/2	2/86
	HOSPIT, ained by FUNER, ould be d th the Sto	1	JON TON	R.	RES!	AR M	D	22e ADDRESS	TOPKIN		05f1	TAL	1
	5 f 5 f ₹ ₹ ₹	230	BUDIAL CREMATION	DE MACIVA I	122h DATE			EASETERY OF CREATATORY	214 100	TION			

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Singleton Funeral Home

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

MD

HOSPITAL

Md.

Cedar Hill Cemetery Brooklyn A A Co. Md.

736 LOCATION CITY OR TOWN
CHOOK TOWN
A A CO. Md.

756 DATE REC'D. BY REGISTRAR'S SIGNATURE
ORESS
N Burnie, Maryland MAY 27 1986 Burial May 27,1986 Glen Burnie, Maryland

HOME

DHMH - 16 60M 7/84

(VRA 15. 4)

STATE OF MARYLAND

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Julia Davidson Handalle

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98	1 -	FOR STATE REGISTRAR			DEPAR	MENT OF	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		8 6 REG. NO.	1	3	146
		CEASED NAME	FIRST	MIDD	LE		AST	20	DATE OF DEATH M	ONTH D	DAY YEAR	26. HOUR
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	1	MALE		WHITE	Ξ	9	19 3		48	YRS	DATE DATE	MIN.
26		RTHPLACE (STATE OR FOR	EIGN 76	CITIZEN OF WH	AT COUNTRY	? 8 MARRIE	NEVER MARRIE	9 1	BALTIMORE CITY OR	COUNTY	OF DEATH	
1		Maryland		U.S.	A.	WIDOWE			Co	M		M
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2/	14. E	ATHER'S NAME	AA II	DDIE	LAST		15 MOTHER'S MAIDI	EN NAME	MIDDLE		LAS	
2		Nolan				ller		herin				ith
h		VAS DECEASED EVER IN		ED FORCES? 168	SOCIAL SEC	URITY NO.	17 INFORMANI		ADDRES	S	2-1	21227
1		YES	Vieti	nam :	219-32	-7981	Sandra L	. Mil	ler 4801 G	renvi	lle Sq	uare
		18 CAUSE OF DEATH	Enter only	one couse per line	for (0), (b), c	ind (c).	A				APPROX BETWEEN	KIMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS	CAUSED		ESP IPA	akc. + (CARDINE AT	4457				NITES
				DUE TO, OR AS	4	.]		,			1	
	113	Conditions, if ony, v	hich	((b)	55 VE	4 4	mpAusson,	A/C	OPD		Year	15
		gove rise to immediately couse (a), stoting		DUE TO, OR AS	A CONSEQ	MENCE OF	1				1	
		underlying couse	lost	(c)		GARI	28113 AB	USE			NEC	ADES
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1	CERTIFICATION	19a. DATE OF OPERATIO	N	19b. CONDITIO	N FOR WHIC	H OPERATIO	N WAS PERFORMED		_ \	IN CERTIFY	, WERE FINDII	S OF DEATH?
G	ERTI	21g. ACCIDENT WAS UNDER	YING []	216. TIME OF IN	HIRY		121, HOW INTURY O		YES NO NO NILLER VETER VATURE OF INJURY		5 -	NO 🗌
0		OR CONTRIBUTING CAL				DAY YEAR	1111011111301110	CCORRED	(ENIER NATURE OF INJURY	IN IIEM IB PA	INT I ORPANT 2)	
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,	MEI	WHILE TO NOT WHILE		(AT HOME STREET		FARM, ETC)	STREET		CITY OR TOW	4	COUNTY	STATE
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		220 I certify that (I) (the saw the deceased		I) offended the di	ceosed from		od that in (my) (aur) a	DUD deat	, to th occurred on the date			that (I) (we) los
		obove, (I) (we) (did 22b. SIGNATURE	(did not)	view the body ofte	er deoth.		DEGREE	prinori acai		; dia nooi	-	
1		228. SIGNATURE	10		11-		ATTEND	ING A	MEDICAL STAFF		22¢ DATE	7 DI
		22d. PHYSICIAN'S NAM	Willen	- J.	Class	MD.	PHYSIC		RECTOR PHYSICIA	N	7-	ナンスト
		22d. PHYSICIAN S NAM	E (TYPE OR P	1			22e ADDRESS		. 1011	0		
1		112	(7	UHSS M.				Mor		SP-		
		BURIAL CREMATION, RE	MOVAL	23b. DATE			EMETERY OR CREMAT		23d LOCATION CUTY OR TOWN		COUNTY	_STATE _
		Burial		5/9/86		Loudon	Park Ceme		Baltimore			laryland
/B4	24 F	JNERAL DIRECTOR			ADDRESS	21229	25	So DATE RE	C'D BY REGISTRAR 25			
	1	Hubbard Fune	eral	Home, In	c. 410	7 Wilk	ens Ave.	MAY	9 1986	whant	Davidour	gandele

The late of the same RISTERIO + CORRECT HATTER DADY DURNHUNG TONE

MARYLAND 2120 BALTIMORE DIVISION OF VITAL RECORDS,

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 6 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR TTYPE OR PRINTE poge 4. RACE 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IE LINDER 1 VE AR FUNDER 24 HRS 70 BIRTHPLACE STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED ID CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE! USUAL RESIDENCE, LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIGNI 13a STATA 113b. COUNTY OR TOWN 13d INSIDE CATY LIMITS? 13e STREET ADDRESS / ZIB CODE ENWOOD NO 14 FATHER'S NAME MISSELLE THE WAS DECEASED EVER IN U.S. ARMED FORCEST 17 INFORMAN THE HOW WHINDS I 18 HS DAY WAS DEDAILS! APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. Cardige IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [NO [Hygi 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY STATE CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from DIRECTOR. man sow the deceased alive an_ and that in (my (aur) apinion death accurred an the date and haur and from the causes stated abave (1) (we) (did) (did not) view the body after death should be detached with the State Dept 22b. SIGNATURE DEGREE Th. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME

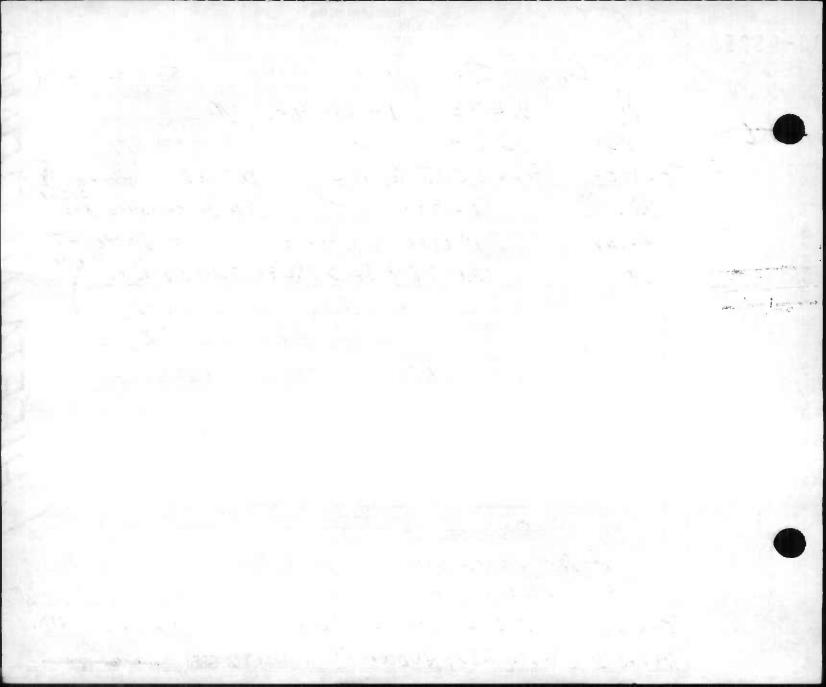
DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL CREMATION REMOVAL

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d LOCATION CITY OF TOWN



0 -	08667	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	1 3	9 4 8
Н.	5 F		CEASED NAME FIRST	MIDDLE	MICCER	20 DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR
	poge 3	3 SE	× My	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BI		
	rector, urs offi		PARLE	B	MONTH DAY YEAR	7/	YRS.	DATS HOURS MIN
	72 ho		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED WEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	7
	of Car	10 C	ITY OR TOWN OF DEATH		WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT		MD.
	0.01	5	soltimene	PROVIDEN	THOSPITAL	(TYPE OF WORL FOR MOST	OF WORKING LIFE)	IS TRY
	135	136.3	VILL TO	13c. CITY OR T	YES NO	130 STREET ADDRESS		21601
	1200	J FA	ATHER'S NAME FIRST SUN W	MIDDLE N LAST	15 MOTHER'S MAIDEN N. BEET	ha R	mill	LAST
	ope end		VAS DECEASED EVER IN U.S. A HI HO QUNKNOWN) (IF YES G	IVE WAR OR DATES)	S-3632 Johnson	Miles 10	5 Hisgan	Ersten.
	princes g physics on adper event, th		PART I. DEATH WAS CAUS	inly one cause per line for (a), (b) ED BY: ATE CAUSE (a)	10 PUL MONAR	Y ARRE	57	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	death ca artendar over corb rises, er i roumdlic		Canditions, if any, which	DUE TO, OR AD A CONSE	MONIALEFT	LUNG		
	bot the social and th		cause (a), stating the underlying cause last.	DUE TO, OF AS A CONSE	OUENCE OF MALEFT	-LUNG		
	Ther pl to burn	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PA	ART 1 o
	d to the second	TIFICAT	19a DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE F IN CERTIFYING CA YES []	FINDINGS USED AUSES OF DEATH? NO [
	or through the state of the sta	AL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 ORPA	ART 2)
	otherdin ter this o is the bur thand Me	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f. LOCATION	CITY OR TO	NUO) NWC	NTY STATE
-	CTOR A GTOR A Horston K-21 kmg		tow the deceased time a	of Defended the deceased from \$12.8 pt	87 and that in (our) opinion	death accurred on the d		the causes stated

DHMH - 16 60M 7/84

ERIC (VRA 15, 4)

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

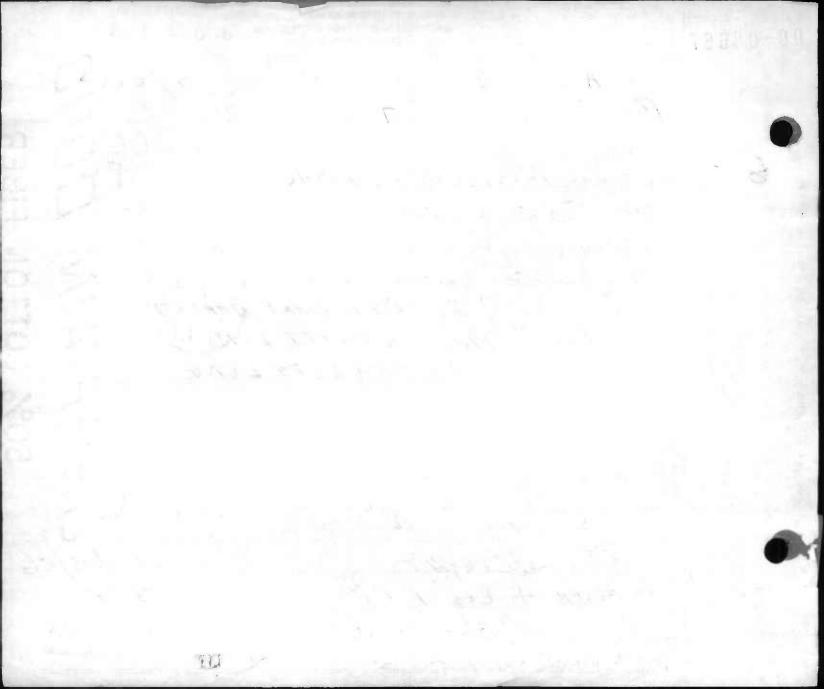
23b. DATE

228 ADDRESS

23d LOCATION
CITY OR TOWN

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



0-07149	1-	FOR STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 6	10.	3 9 4 9
y be oge 3 death		CEASED NAME FIRST OR PRINT) JOHN		M.	MIL	LER	20. DATE OF DEATH	WONTH DAY	1/29 PM
4 moy	3 SE	Male	4 RACE Whi	te	De C	. 25 1910	6. AGE (IN YEARS LAST BII	YRS	
9 146		RTHPLACE (STATE OR FOREIGN COUNTRIBE LAWARE	U	SA	WIDOWE		9. BALTIMORE CITY OF BALTIMORE	CITY	MD
8 1144	BAI	TY OR TOWN OF DEATH LTIMORE AL RESIDENCE (IF NURSING FOME O	UNION	MEMORIAL	HOSP	PROTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND OF BUSINESS OR INDUSTRY
15 TO	13a. S		Ito.	13c. Els selv		YES NO STANDER OF THE PROPERTY	130-9TREET GODRESS	38 d d d d d	ne 21221
E, MART complete Scool		James VAS DECEASED EVER IN U.S. A	MIDDLE	Miller 166 SOCIAL SECU	PITY NIO	Annie	MIDDLE	Mo Ess	e Mahon
LTIMOR be exe on ond s. Poge		(IF YES, G	IVE WAR OR DATES)	093-01-	-3501				ood Lane 21
ST., BA		PART I. DEATH WAS CAUS IMMEDIA	ED BY. TE CAUSE (0)	Cardios	enic	Shoch			BETWEEN ONSET AND DEATH 3 405
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMO NG PHYSICIAN. The low requires that the deoth certificate be ex- ottending physicion. Wher this certificate has been signed by the or man on on on on ste buriol-tronsit permit. Then pleasefremon certificate has been signed by the ord Mental Hygiene prior to buriol, clematics. It and Mental Hygiene prior to buriol, clematics.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.)	DR AS A CONSEQUE		il Infancti	on		
or to bury, injury, or	TION	PART 2 OTHER SIGNIFICANT	static	Can	cel	NOT RELATED TO THE TERM			
TAL REC	CERTIFICATION	19a. DATE OF OPERATION	- 3	DITION FOR WHICH	OPERATIO		200 AUTOPSY?	IN CERTIFYIN	VERE FINDINGS USED IG CAUSES OF DEATH?
PHYSICIAN: Trending physiciathrs certificate be buriol-tronsing don'tten 18 sh	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (1F EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	ATH HOUR A	OF INJURY A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, F.	19	216 HOW INJURY OCCUR!	CITY OR TO		COUNTY STATE
TTENDING OTTOR: After TOR: After for use as the of Health or of Health or of the order To of the other or of the order of	1	WHILE AT WORK 220.1 certify that (I) (his has sow the document of the country of	oital) attended t	he deceased from_	5/	12/86 19 7.6 nd that in (my (our) opinion	death occurred on the d	6 , 19.	of from the causes stated
by the hos by the hos ERA! DIREC State Dept.		22b. SIGNATURE	. O.	0		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN G	22LDATE SIGNED 5/16/86
TO HOSPITA retained by TO FUNERA should be de with the Stat MPORTANT		22d. PHYSACIAN'S NAME (TYPE	eaux	MO			RIAL HOSPIT	AL	
P	23a. E	SPECIFY BUTIAL REMOVA	236. DATE 2	21/86 13ch	athe	emetery or crematory	23d. LOCATION	aton	STATE OUTNO

Funeral Home 300MaceAve 21221

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

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MARYLAND	
BALTIMORE,	
PRESTON ST.,	
W.	
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L RECORDS	
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requires that the death certificate be executed within

OR ATTENDING PHYSICIAN: The low attending physician.

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BP.

DIVISION OF

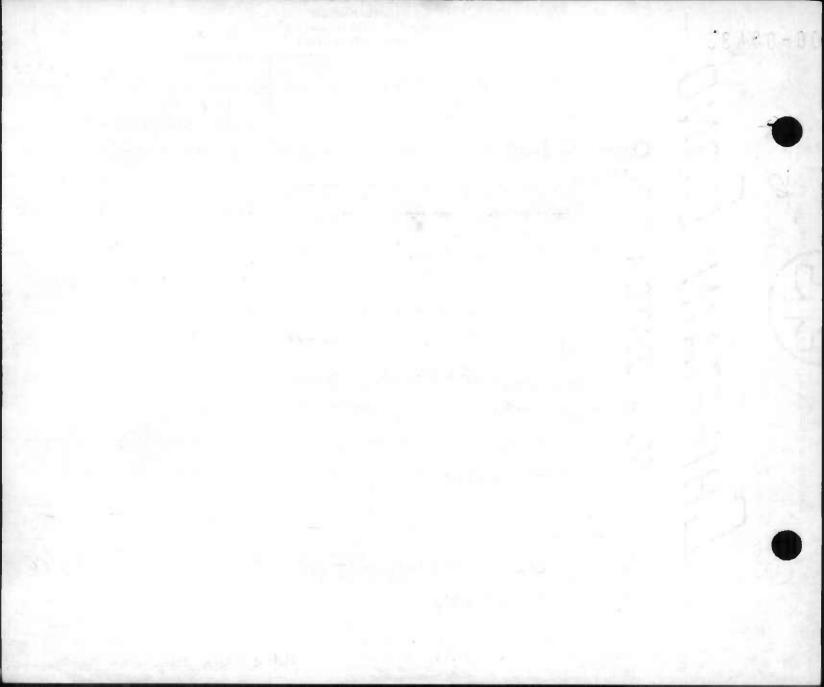
00-084

STATE OF MARYLAND

6	-	3	9	5
DEC. NO				

	1 -	STATE REGISTRAR		DEPAI		EALTH AND MENTAL HY	GIENE 8	6 REG. NO.	3	9 5 0
-		CEASED NAME FIRST OR PRINT)		MIDDLE		AST	20. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR 7
		MAMI		MAY	14166		4 ACE COUNT	ARS (AST BIRTHDAY)	31 86	AR IF UNDER 24 HRS
	3. SEX	FEMALE	4 RACE	WHITE	MONT		AGE (INTE	80 YR	MONTHS: BA	TS HOURS MIN.
e e		RTHPLACE (STATE OR FOREIGN	76 CITIZEN C	OF WHAT COUNTR	RY? 8	D NEVER MARRIED	9 BALTIMOR	E CITY OR COUN		
5		MARYLAND	1 Us	A	WIDOWI		Bal	Thurse	alia	M
12	10 CI	Baltmare		SUCH FACILITY, GIVE STE		OR OTHER INSTITUTION		FOR MOST OF WORKIN	G LIFE) INTILISTI	O OF BUSINESS OF RY THOME
must be			E OR OTHER INSTITUTE DUNTY XXXXX	ON GIVE RESIDENCE BEI		13d. INSIDE CITY LIMITS?	138 STREET A	DDRESS / ZIP CO		212
muner.	14. FA	THER'S NAME	MIDDLE .	LAN	*	15. MOTHER'S MAIDEN N.	AME	WIDDLE		LAST
ехо		ISAAC		EREGOFF	4 1	ROSE		1000ccc	MILI	LER
Sedico		VAS DECEASED EVER IN U.S. (15 NO OR UNKNOWN) (16 YES.	ARMED FORCES GIVE WAR OR DATES	21 0	14-4356 14-4356	1		LETPSMII BALTO.,		21209
The T		18 CAUSE OF DEATH (Enter				0304 ORIVE	J KD.	DALIO.,		OXIMATE INTERVAL EN ONSET AND DEATH
y, ar othe		couse (a), stating the	DOL TO	OR AS A CONSEC						
aniui kuo smoi	TIFICATION	PART 2 OTHER SIGNIFICAN RENAL 19a DATE OF OPERATION	FAILURE	DECREA	AC D TO DEATH BUT	NOT RELATED TO THE TER MEN TAL STAT N WAS PERFORMED	200 AUTO	PSY? 20b. IF	YES, WERE FIN	
an 18 shaws ony injur	AL CERTIFICATION	PART 2 OTHER SIGNIFICAN RENAL 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	19b COP	CONTRIBUTING TO	AC D TO DEATH BUT SED ICH OPERATIO	NOT RELATED TO THE TER	200 AUTO YES [PSY? Z0b. IF IN CE!	YES, WERE FIN RTIFYING CAUS YES [DINGS USED SES OF DEATH? NO
rked or Item 18 shows ony injur	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN RENAL 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	INER)	DECREA DITION FOR WHI	AC D TO DEATH BUT SED ICH OPERATIO DAY YEAR 19	NOT RELATED TO THE TER HEN TAL STAT N WAS PERFORMED	200 AUTO YES [PSY? Z0b. IF IN CE!	YES, WERE FIN RTIFYING CAUS YES [DINGS USED SES OF DEATH? NO
: If them 21 is marked or them 1		PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WMILE NOT WHILE AT WORK 22a. I certify that 15 (this has saw the deceased alive obove, (I) (I) (did) (did 22b. SIGNATURE FUNDAL	PAILURE 19b. COP 21b. TIMI DEATH HOUR 21b PLAC (AI HOME DESPITO) of tended on 5 (E OF INJURY A.M. MONTH P.M. CE OF INJURY STREET, FACTORY, OFFI	DAY YEAR 19 ICE FARM. ETC)	POT RELATED TO THE TER LEFT TAL STATE ON WAS PERFORMED 216 HOW INJURY OCCU 211 LOCATION STREET ATTENDING PHYSICIAN	200 AUTO YES RRED (ENTER NAT	PSY? 20b. IF IN CEI	YES, WERE FIN RTIFYING CAUS YES [] 18 PART LOR PART COUNTY	DINGS USED SES OF DEATH? NO STATE
ANT: If them 21 is marked ar them 1	MEDICAL	PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN PART 2 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OF MEDICAL EXAM WHILE NOT WHILE AT WORK 22a. I certify that 1 (this has sow the deceased alive obove, (I) (and (idid) (idid) 22b. SIGNATURE FAMA 22d. PHYSICIAN'S NAME (IV) LIShe	PEOR PRINT	CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHITE CONTRIBUTION CONTRIBUT	DAY YEAR 19 ICE FARM ETC)	POT RELATED TO THE TER PLENTAL STATE ON WAS PERFORMED 211 LOCATION STREET ATTENDING PHYSICIAN 222 ADDRESS SMELL	200 AUTO YES RRED (ENTER NAT G	PSY? 20b. IF IN CEI NO UNE OF INJURY IN ITEM CITY OR TOWN STAFF PHYSICIAN	YES, WERE FIN RTIFYING CAUS YES [] 18 PART LOR PART COUNTY	DINGS USED SES OF DEATH? NO STATE , that (I) (world) the couses stated
: If them 21 is marked or them 1	WEDICAL 139	PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (this has saw the deceased alive obove, (1) (in (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TY) FIS AP BURIAL, CREMATION, REMOVEMENT OF THE STATE OF THE SIGNATURE BURIAL, CREMATION, REMOVEMENT OF THE SIGNATURE BURIAL, CREMATION, REMOVEMENT OF THE SIGNATURE SURIAL, CREMATION, REMOVEMENT OF THE SIGNATURE BURIAL, CREMATION, REMOVEMENT OF THE SIGNATURE BURIAL, CREMATION, REMOVEMENT OF THE SIGNATURE OF THE	PE OR PRINT) ZIB. PLAC (AT HOME OSpitol) attended on PE OR PRINT) ZEV /AL 23b. DATE JUN	CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHITE CONTRIBUTION CONTRIBUT	DAY YEAR 19 ICE FARM ETC) 13 NAME OF CAITZ	216 HOW INJURY OCCU 211 LOCATION STREET 228 ADDRESS SUPERIOR STREET 228 ADDRESS SUPERIOR STREET 228 ADDRESS SUPERIOR STREET 228 ADDRESS CEMETERY OR CREMATORY CHAIM	200 AUTO YES RRED (ENTER NAT MEDICAL DIRECTOR [23d LOCA CBA	PSY? 20b. IF IN CEI NO UNE OF INJURY IN ITEM CITY OR TOWN STAFF PHYSICIAN	YES, WERE FIN RTIFYING CAUS YES 18 PART LOR PART COUNTY 22c. DA COUNT MA	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE O CERTIFICATE OF DEATH REGISTRAR REG. NO. . DECEASED NAME 2a DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 11/1/5 INGINIA 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 1908 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BAUTIMONO INDUSTRY 13e.STREET ADDRESS / ZIP 15 MOTHER'S MAIDEN NAME RUSON A. PA 166 SOCIAL SECURITY NO. 8 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO | 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OR TOWN AT HOME STREET FACTORY, OFFICE FARM ETC 1 AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not view the body offer death. 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN IAN. S. SALUT

DHMH - 16 60M 7/B4

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

BURIAL

5-22-86

23¢ NAME OF CEMETERY OR CREMATORY MOUNT ZION

LANSDOWNE

23d LOCATION

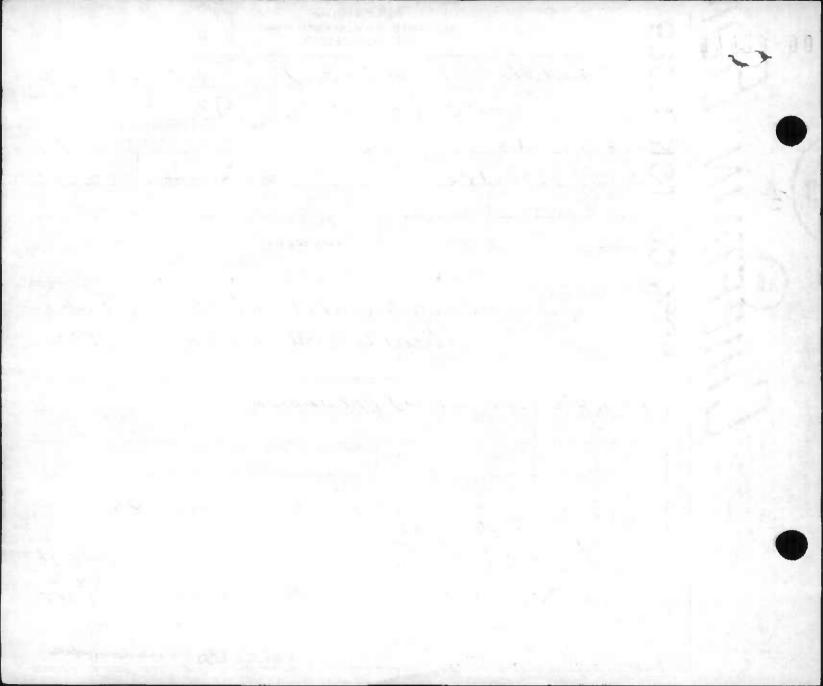
24 FUNERAL DIRECTOR WM.C.MARCH F/H INC. 1101 EAST NORTH AVENUE 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Adding the way to the same of Stranger Color of the Stranger Doc Delle were not find the Boll that he was not the read STATE OF MARYLAND

FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE 8 6	3 9 5 2
DECEASED NAME FIRST (TYPE OR PRINT) SAM4	EL MIDDLE N	1/LSTEIN	20 DATE OF DEATH MONTH	26. HOUR 26. HOUR 26.
MALE	WHITE "	ATE OF BIRTH DAY 1892	9.3 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN FOUNTRY) USSIA CITY OR TOWN OF DEATH	// 6	RRIED NEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUNTY XKEXXNNAKE BA	LTIMORE CITY MD.
BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS LUNG OF RESIDENCE BEFORE ADMISS	5)	TYPE OF CUSTODILAN RKING LE	12b. KIND OF BUSINESS OR INDUSTRY NYC SCHOOL SYS
STATE 138 COUNTY	IMORE BALTIMORE	13d INSIDE CITY LIMITS? YES NO TO TO THE STANDER NAME OF THE STAN	136 STREET ADDRESS / ZIP CODE 6618 EDENVALE R	
	MILSTEIN DEFORCES? 166, SOCIAL SECURITY N	GERTRUD	€ WIDDLE	UNKNOWN
(YES, NO OR UNKNOWN) (IF YES GIVE W	216-0 # -137		CHARLES MILSTEIN LE RD. BALTO.,	
18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED I		twehent !	FAILURE	BETWEEN ONSET AND DEATH 2
Conditions, if any, which gave rise to immediate cause (o), stafting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE O	NT heari	DISTANE	YEM
PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH SU DEN IM DUSCE 196 KONDITION FORWHICH OPERA	DICUMON	11 A 200 AUTOPSY? 206 IF YES	EN IN PART 110 , WERE FINDINGS USED YING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YE	AR	YES NO YE	S NO
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a.1 certify that (1) (this hospital sow the deceased alive on abave, (1) (we) (did) (did not) v	5/20 19 86	, and that in (my) (aur) apinian of	deoth accurred on the date and hou	thot (I) (we) last ond from the causes stated
22b. SIGNATURE W	and	· · · · · · · · · · · · · · · · · · ·	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 5-20-86
	sw WIN	120 ADDRESS LEMNDALC	GeriAMIZ (N 21215
(SPECIFY)BURIAL	MAY 22,1986 BNAI	OF CEMETERY OR CREMATORY ISRAEL	23d LOCATION CITY OR TOWN BALTIMORE	MARYLAND STATE
FUNERALDIRECTOR SOL LE' 5010 REISTERSTOWN	VINSON & BROSS, IN	C. 21215	EREC'D. BY REGISTRAR 251 REGIST AY 23 1986 Julia	RAR'S SIGNATURE

21215

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

741	- STATE REGISTRAR		DEPART		ALTH AND MENTAL HYC CATE OF DEATH	REG. NO.	3 4 3 3
	ECEASED NAME FIRST		MIDDLE	LA:	ST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	JAM	ES H	AYWARD	MITC	HELL	MONDAY, APRIL 2	28, 1986 5:10P N
3. 9	EX	4 RACE		5. DATE OF		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	MALE	BLACK		MARCH	1 4. 1905	81 YRS	
7-7 70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COUN	
771	SOUTH CAROLINA	US of	A	WIDOWED		BALTIMORE	CITY
20	CITY OR TOWN OF DEATH	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
	BALTIMORE		DOLFIELD		IE	RETIRED	CHAUFFEUR
130 N	IARYLAND -	ME OR OTHER INSTITUTION. OUNTY	13c CITY OR TOW BALTIMO	RE	13d INSIDE CITY LIMITS? YES NO 🗌	13e.STREET ADDRESS / ZIP CO 3821 DOLFTEL	
14	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WIDDLE	LAST
C	ALBERT		MITCHEL		MAGGIE		STEWART
160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	IRITY NO	17 INFORMANT	ADDRESS	
/ _	NO		217 03 2	852A	MRS. DOROTH	Y R. MITCHELL 3	
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er only one cause per	r line far (a), (b), an	dicii	. 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DIATE CAUSE (a)		effero	itay facter	Q	2 days
		DUE TO, O	R AS A CONSEQUE	ENCE OF	0.0		21 2000
4	Conditions, if any, which			helos	Keliona		22 MOUS
, i	couse (a), stoting the	DUE TO, O	R AS A CONSEQUE	ENCE OF			
y, or other t	couse (a), stating the underlying couse lost	DUE TO, O			NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION O	GIVEN IN PART 110
y, or	couse (a), stating the underlying couse lost	DUE TO, O			NOT RELATED TO THE TERM	ainal disease or condition c	SIVEN IN PART 1:0
TIFICATION	couse (a), stating the underlying couse lost	DUE TO, O (c) NT CONDITIONS CO	ontributing to I	DEATH BUT N	NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF Y	FIVEN IN PART 1:0 (ES, WERE FINDINGS USED THYING CAUSES OF DEATH? YES \(\text{VOID} \text{NO} \(\text{O} \)
SETIFICATION	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, O (c) NT CONDITIONS CO 19b COND 21b TIME C	ONTRIBUTING TO I	DEATH BUT N	WAS PERFORMED	200 AUTOPSY? 20b. IF Y	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
CERTIFICATION	PART 2 OTHER SIGNIFICA	DUE TO, O (c) NT CONDITIONS CO 19b COND 19b COND LONG HOUR A.	ONTRIBUTING TO I	DEATH BUT N	WAS PERFORMED	200 AUTOPSY? 206. IF Y	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
EDICAL CERTIFICATION	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIM OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM. 21d INJURY OCCURRED WHILE NOTIFY NET OF THE CAUSE O	DUE TO, O (c) NT CONDITIONS CO 19b COND 21b. TIME CO F DEATH P. 21e PLACE	ONTRIBUTING TO I	OPERATION AY YEAR 19	WAS PERFORMED	200 AUTOPSY? 206. IF Y	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
18 shows ony injury, or CERTIFICATION	PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIM OR CONTRIBUTING CAUSE O (IF EITHER NOTHEY MEDICAL EXAM 214 INJURY OCCURRED WHILE NOTH WHILE AT WORK AT WORK	DUE TO, O (c) NT CONDITIONS CO 19b COND 21b. TIME CO F DEATH P. 21e. PLACE (AT HOME STI	ONTRIBUTING TO I	OPERATION AY YEAR 19	WAS PERFORMED 21e HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? 20b. IF Y IN CER YES NO THE NATURE OF INJURY IN ITEM I	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO SERVICE NO COUNTY STATE
EDICAL CERTIFICATION	PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22e 1 certify that (1) (this has sow the deceased alive	DUE TO, O (c) NT CONDITIONS CO 19b COND 19b COND 21b. TIME C HOUR A. MINER) 21e PLACE (AT HOME ST) 10spital) ottended the	ONTRIBUTING TO I	OPERATION AY YEAR 19 CARM ETC.)	WAS PERFORMED 21t HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? 20b. IF Y IN CER YES NO THE NATURE OF INJURY IN ITEM I	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO SERVICE NO COUNTY STATE 19 that (1) (we) lost
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIM OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM AT WORK 22a I certify that (I) (this h	DUE TO, O (c) NT CONDITIONS CO 19b COND 19b COND 21b. TIME C HOUR A. MINER) 21e PLACE (AT HOME ST) 10spital) ottended the	ONTRIBUTING TO I	OPERATION AY YEAR 19 FARM ETC.)	211 LOCATION STREET 19 21 that in (my) (60) apinian EGREE	200 AUTOPSY? 20b. IF Y IN CER YES NO TO NO TOWN CITY OR TOWN death accurred on the date and h	CES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO STATE COUNTY STATE Our and from the causes stated
or Item 18 shows ony injury, or	PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEO (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE TOWN AT WORK 220 I certify that (I) (this h sow the decosed alive obove, (I) (weel Action)	DUE TO, O (c) NT CONDITIONS CO 19b COND 19b COND 21b TIME C HOUR A. WINER) 21e PLACE (AT HOME STI tospital) ottended the on d not) view the body	ONTRIBUTING TO I	OPERATION AY YEAR 19 FARM ETC.)	211 LOCATION STREET 211 HOW INJURY OCCUR 211 LOCATION STREET 212 ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO TO INCER RED (ENTER NATURE OF INJURY IN ITEM I CITY OR TOWN death accurred on the date and h MEDICAL STAFF OTRECTOR PHYSICIAN	COUNTY STATE 199 that (1) (we) lost our and from the causes stated

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR LEWIS T. GWYNN

BURIAL

FOR

5/3/86

23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY

4517 PARK HEIGHTS AVENUE

STATE MD.

APR 3 0 1986

and the second of the second o

drawn day in a new York water of the con-

0 -	-063314	1	FOR STATE REGISTRAR				MENT OF H	OF MARYLA EALTH AND M	MENTAL HYG	8 S		3 9	5 4
	m -		E OR PRINT)	IRST		MIDDLE	i.	A5T		2a. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
М.	y be		MAI	RLENE		ANN	MITC	HELL		MAY 9, 1			10:59 4
	E die	3. SE	X	4.1	RACE		5. DATE C	F BIRTH	YEAR	6 AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HRS
	ge 4		Female		White		Apri		1940	46	YRS		
	2 200	7a. B	RTHPLACE (STATE OR FORE	IGN 7b.	CITIZEN OF	WHAT COUNTRY?	8	NEVER M	APPIED [9 BALTIMORE CITY	OR COUNTY	F DEATH	
-	To all the second	2	Maryland	1	United	States	WIDOWE		ORCED	BALTIMOR	RE CITY		MD.
	P P	19,0	ITY OR TOWN OF DEATH		NAME OF	HOSPITAL, NURSIN		R OTHER INSTI	ITUTION	12g USUAL OCCUPA		12b. KIND OI	F BUSINESS OR
0	110	PE	ALTIMORE		THE J	OHNS HOPK	INS H	OSPITAL	,	Housewife		Homem	aker
212	13	13a.	AL RESIDENCE (IF NURSING	HOME OR OTH	HER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE CIT	TY LIMITS?	13e.STREET ADDRES	S / ZIP CODE		
ON.	2 1 1	PI		Baltin		Dundalk			NO X	99 Baltir		nue /	21222
3×L	10 25 1	197	ATHER'S NAME	MID	DIE	LAST		15 MOTHER'S	MAIDEN NAM	AE MIDDLE		LAST	
WA	IN ESTA	V	Martin	D		DiMatte	ei		rgaret				lland
S,	d co		WAS DECEASED EVER IN	U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMAN	VĪ	ADE	DRESS		
WO	Pag P		NO	IF TES, GIVE W	AK OR DATES	220-36-4	1745	Walter	S. Sc	hmidt IV.	4412 DO	werv T	ane 2101
V ST., BALT	ng physicia bonpopers r removol.	Proc.	18 CAUSE OF DEATH I PART I. DEATH WAS	Enter only of CAUSED B		CARDIO P	ULMOI	JARY	ARRE	ST			MINUTE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	that the death in the attending the attending to the attending of the transfion, or attendion, or attendion, or attendion, or attendion.		Conditions, if any, w gove rise to immed cause (a), stating underlying cause	liote	DUE TO, O	R AS A CONSEQUE SEVERE R AS A CONSEQUE CARDIO PU	AA NCE OF	DOXIC	BRAI		4E		DAYS
5, 20	gned an pla burn	1.	PART 2 OTHER SIGNIF				EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	ONDITION GIVE	IN PART 110	
ORD	en si The or to	2			SSIVE								
AL RECC	Cian. e hos bee e hos bee giene prio	CERTIFICATION	190 DATE OF OPERATIO			ITION FOR WHICH	OPERATIO			20a AUTOPSY? YES ₩ NO□	20b. IF YES, IN CERTIFYI YES	WERE FINDIN NG CAUSES	GS USED OF DEATH2 NO [X
FVIT	physic physic I-frons of Hyg	1	210. ACCIDENT WAS UNDERS		HOUR A	OF INJURY M. MONTH DA	Y YEAR	21c. HOW INJ	IURY OCCURR	ED (ENTER NATURE OF IN	NJURY IN ITEM 18 PAR	1 1 OR PART 2)	
Z	resing cer Aent	MEDICAL	(IF EITHER NOTIFY MEDICAL			M. OF INJURY	19	211 LOCATIO	N				
VISIO	G PHY of the bit of the bit of the bit wed or wed o	MET	WHILE NOT WHILE AT WORK			REET FACTORY OFFICE F	ARM ETC)	STREET		CITY OR	NWOT	COUNTY	STATE
ā	or or or after of the mort		22a.1 certify that (1) (th	is hospital)	attended th	ne deceased from	4/2	7	10 86	10 5/	9 19	86	hot (l) (we) last
	TTEN prtol for us of He		sow the deceased obave, (I) (we) (did	alive on	5/9	19_	1		(our) opinian o	eoth occurred an the	dote and hour	and from the c	auses stated
	At OR A the hos Al DIREC		22b. SIGNATURE	r a	. Jul	e m'	>	DEGREE AT P	TTENDING PHYSICIAN	MEDICAL ST	TAFF SICIAN X	22c. DATE S	SIGNED
	O HOSPIT etained by TO FUNER should be with the St		22d PHYSICIAN'S NAM		A .	UKE ,	10	JOH.	600	N. WOLFE	HOSPIT	ro.,MD	21205
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	22-	PUBLAL CREAMATION OF	LANCOLA	22L DATE	122. h	LAME OF C	THEFT BY OR C	DEMATORY	224 LOCATION			

DHMH - 16 60M 7/84

(VRA 15, 4)

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR Walter Brooks Bradlet, Inc. 2135 Dundalk Avenue

1986

23b. DATE

23d LOCATION
CITY OR TOWN
Baltimore, Eastview Cemetery

23¢. NAME OF CEMETERY OR CREMATORY

Maryland

SEE STATE OF THE SEE SEE

The second second second second

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

- 1		REGISTRAR				44				REG. NO.					
ı		CEASED NAME	FIRST		AIDDLE	U	AST		2a DATE O	F DEATH "	HTMO	DAY	YEAR	26 HOU	R
	() I P C		ONALD			MI	ICHEM			M	ay	12	86		M
1	3. SEX	ζ	4 RAC	E		5. DATE O		YEAR	6 AGE (IN	EARS LAST BIRTH	DAY)	MONTHS.	ER I YEAR	IF UNDER	24 HRS MIN.
1		Male		Whit	ce	March		38		48	YRS		BAIL		
1		RTHPLACE (STATE OR I	FOREIGN 76. CIT	IZEN OF	WHAT COUNTRY?	8 AARRIET	□ NEVER	AARRIED -	9 BALTIMO	RE CITY OR	COUNT	Y OF DE	EATH		
7		West Vi	rginia	USA		WIDOWE		VORCED [Balt	imore	City	7			MD
	10 CT	TY OR TOWN OF DEA			HOSPITAL, NURSIN		R OTHER INS	TITUTION		OCCUPATIO			. KIND OF	BUSINE	SS OR
1	Ba	altimore	//		nes Hosp	1 . 2			Fore					ate	Corp.
7	13a. S	AL RESIDENCE (IF NURS	ME OR OTHER	NSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	113e STREET	ADDRESS /	ZIP COD)E			
1	Ma	aryland	Baltim	ore	Arbutus		YES 🗌	NO 🔀		B Wes			lvd.,	. 212	227
1	14 FA	THER'S NAME	MIDDLE		LAST		15 MOTHER	S MAIDEN NAI	ME	WIDDLE			LAST		2.1
	1	John	Henr	У	Mitche	em	Sta	ella		Middle			Rose		160
1		VAS DECEASED EVER	IN U.S. ARMED F		166 SOCIAL SECU	IRITY NO.	17 INFORMA	NT		Waynes	[vill	le, l	N. C	arol	ina
4		No	(IF TES, OIVE WAR	A DATES!	233-60-0	049	Shirle	ey Jean	Kenne	dy, 11	.1 Hc	ospi	tal S	St.2	8786
1		18 CAUSE OF DEAT	H (Enter only one	cause per	line far (o), (b), gn	dic/		1.10	1				APPROXIA BETWEEN O	MATE INTER	DEATH
		PART I. DEATH W	/AS CAUSED BY.	ISE (a)	Acuto	The	rome	will you	land	1			11/2	hr	
П			IMMEDIATE CAC	/SE (U)	2	/	1			als					
П			D	UE TO, O	AS A CONSEQUE	ENCE OF	helan	· Levina	mal	8 61		111	197	19	
1		Canditians, if any		(6)_6	10000	7 100	1.0001.	0-110	prpp	- 11		777		/	
- [cause (a), statir	ng the	UE TO, O	R AS COMSEQUE	SEQE.	1/1	Maria	21	X	1.	51	1 Q C	1	
		underlying couse	lost	161	Main	100	N.	Mean	MAN		- //	V /	70	/	
1	_	PART 2. OTHER SIGN	NIFICANT COND	TIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	SE OR COND	ITION G	IVEN IN	PART 10		- 1
	MEDICAL CERTIFICATION														
3	CA	19a. DATE OF OPERA	TIÓN	Ph CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUT	OPSY?			CAUSES		
	TIFE								YES 🗌	NOM	Y	YES 🗌		NO [
	CER	71a. ACCIDENT WAS UN		B. TIME O	FINJURY M. MONTH DA	AY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER N.	ATURE OF INJURY	IN ITEM 18	PART I OF	R PART 2)		
/]	A	OR CONTRIBUTING	CAUSE OF DEATH	P.		19									
	DIC	21d. INJURY OCCUR	RED 21	e PLACE	OF INJURY		21f LOCATI	NC				-	O. 11 17 17		
	M	WHILE NOT W	HILE	AT HOME STR	PEET FACTORY, OFFICE F	FARM ETC)	STREE			CITY OR TOW	N	CC	OUNTY	S	STATE
		AT WORK AT WO		. 1 1 1		11-27	181			0/2		108	6	1	
		22a I certify that (I) sow the deceas		Z L/	e deceased frame		al Abad in Janu	(eer) opinion	dooth occurs	ad an the dat	o and he	. 17		that (I) (
н		obave, (I) (we) (did) (did not) view					(991) opiniun	dedin occorr	ed on the dot	e ond no				ned
		THE SIGNATURE	1 1	X	0 "	de a	DEGREE	******	MEDICAL	CTAFF	-	2	TO DATE	SIGNED	/
		181.	J sur	0	4-11	10		ATTENDING PHYSICIAN 2	MEDICAL DIRECTOR	STAFF PHYSICI			5 %.	1.86	>
		214 PHYSICIAN'S M	AME (TYPE OR PRINT)				22e ADDRE	SS ,	110	0		0	11		1.00
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		BURIAL, CREMATION,	REMOVAL 73b	DATE	236.1	NAME OF C	EMETERY OR	CREMATORY	23d. LOC			1114			
		Burial		5/16			awn Me			iotts	/ille	e Ho	ward	Ma	rvlar
	24. FU	UNERAL DIRECTOR	1	2, 10,	101	2	1229			REGISTRAR 2					
	Huk	obard Fune	ral Home	. Inc	4107	Wilker	ns Ave	. MA	Y 101	200		K 4.	, 70	anda 80	
				,	,,			1717		~ * 1 L 3	WHILEY	ALC: U.S.	100	A STREET, SQUARE,	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

0-08090

4 may be

oth certificate be executed within 24 hours ofter deo

TO HOSPITAL OK ALTENDING PHYSICIAN: The law real retained by the hospital or attending physician.

BP.

CT	ATE	ΩĽ	AB A	DVI	AND

6 REG. NO.	1	3	7	5	
OF DEATH					,

	DECEASED NAME	FIRST		MIDDLE		FICATE OF DEATH	REG. N	O. MONTH DAY	YEAR	12b HOUR
	(TYPE OR PRINT)		DEC				26 DATE OF DEATH	5 31	86	5 F
		MARGA		Α.		MIX	1			
3.	SEX		4 RACE		5. DATE (E 43 44	6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HR
2	FEM	ALE	WF	HITE	52	5 19 14	72	YRS		
1 7	a. BIRTHPLACE (51)	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
1	Marylan	d	U.S.	Α.	WIDOWE		Balti	more Ci	tv	1
100	CITY OR TOWN	F DEATH			RSING HOME	OR OTHER INSTITUTION	12ª USUAL OCCUPAT	ION 1	2b. KIND C	F BUSINESS C
4	Baltimore	e		Agnes		al	Cashier		NDUSTRY	. Serv
. 1	USUAL RESIDENCE	IF NURS HOLLOWED		GIVE RESIDENCE BI	EFORE ADMISSION)		4		A.I.	1. Del v
2	Maryland	NR 900	imore	Haleth		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		21	227
2211	1 FATHER'S NAME	Part	THOLE	патец.	lorbe	15 MOTHER'S MAIDEN NA	1809 Mayfi	leid Ave	. 21	221
1	FIRS1		MIDDLE	LAST		FIRST	WIDDLE		LAS	
9	Charle Ch		M.		SECURITY NO.	Margare	. ADDRI	200	MCK	intee
22	(YES, NO OR UNKNOV		VE WAR OR DATES							21207
	NO			216-03	3-2644	James Kilche	enstein 203	30 Kenni		
	18 CAUSE OF	DEATH (Enter or	nly one couse pe	r line for (a), (b)	, ond re-		<i></i>		BETWEEN C	MATE INTERVAL ONSET AND DEAT
	PARTI, DEA	IMMEDIA'	TE CAUSE (a)_	MATRIK	EDP	ULMONARY	CDEMA		DAT	15
	Canditians, if gave rise to cause (a1, underlying	immediate	(b)_	SE DR AS A CONSE	PSIS EQUENCE OF					
	gave rise to cause (a), underlying PART 2 OTHER	immediate stating the couse last	(b)_ DUE TO, C	SE DR AS A CONSE	PSIS FOUENCE OF	NOT RELATED TO THE TERM	ninal disease or con	DITION GIVEN I	IN PART 1	0
	gave rise to cause (a), underlying PART 2 OTHER	o immediate stating the couse last	DUE TO, CO CONDITIONS CO	OR AS A CONSE	PSIS FOUENCE OF TO DEATH BUT	A-NONB				
	gave rise to cause (a), underlying PART 2 OTHER	o immediate stating the couse last	DUE TO, CO CONDITIONS CO	OR AS A CONSE	PSIS FOUENCE OF TO DEATH BUT	4 -1 -	20a AUTOPSY?	206 IF YES, WI	ERE FINDING CAUSES	NGS USED OF DEATH?
7	gave rise to cause (a), underlying PART 2 OTHER	e simmediate stating the couse last R SIGNIFICANT PAL	DUE TO, CONDITIONS CONDITIONS CONDITIONS	OR AS A CONSE	PSIS FOUENCE OF TO DEATH BUT	A - NONB ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, WI IN CERTIFYING YES [ERE FINDING CAUSES	NGS USED
- /	PART 2 OTHER 190. DATE OF O 21a. ACCIDENT W	o immediate stating the couse last	DUE TO, CONDITIONS CON	OR AS A CONSE	PSIS FOUENCE OF TO DEATH BUT NON HICH OPERATIO	A-NONB	200 AUTOPSY?	206 IF YES, WI IN CERTIFYING YES [ERE FINDING CAUSES	NGS USED OF DEATH?
- /	PART 2 OTHER 190. DATE OF O 21a. ACCIDENT W	PERATION AS UNDERLYING G CAUSE OF DE-	DUE TO, CONDITIONS CON	OR AS A CONSE	PSIS FOUENCE OF TO DEATH BUT NON HICH OPERATIO	A - NUNB IN WAS PERFORMED	200 AUTOPSY?	206 IF YES, WI IN CERTIFYING YES [ERE FINDING CAUSES	NGS USED OF DEATH?
- /	Gave rise to cause (a), underlying PART 2 OTHER 19a. DATE OF O 21a. ACCIDENT W OR CONTRIBUTION	D immediate status in the course last PERATION AS UNDERLYING G CAUSE OF DELEVIMEDICAL EXAMINES	DUE TO, CONDITIONS CON	OR AS A CONSE	PSIS FOUENCE OF TO DEATH BUT NOW HICH OPERATIO DAY YEAR 19	A - NONB ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, WIN CERTIFY INC YES L	ERE FINDING CAUSES	NGS USED OF DEATH?
- /	DALL STATE OF O STATE	Designation of the course last	DUE TO, CONDITIONS CON	OR AS A CONSE ONTRIBUTING TITS DITION FOR WH OF INJURY .M. MONTH .M. COF INJURY IREET, FACTORY, OFF	PSIS EQUENCE OF TO DEATH BUT NON HICH OPERATIO DAY YEAR 19 FICE, FARM, ETC.)	A - NUNB N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	70b IF YES, WI IN CERTIFYING YES (2) RY IN ITEM 18 PART	ERE FINDING CAUSES OR PART 2)	NGS USED OF DEATH? NO STATE
- /	DATE OF O PART 2 OTHER 19a. DATE OF O 21a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTH 21d. INJURY OC WHILE AT WORK 22a.1 certify th saw the d	D immediate stating the couse last the couse last R SIGNIFICANT (PERATION (AS UNDERLYING G CAUSE OF DE. BY MEDICAL EXAMINED COURRED NOT WHILE AT I WORK last of (1) (this haspieceased alive an eccased alive and course of the	DUE TO, COONDITIONS CONDITIONS CO	OR AS A CONSE ONTRIBUTING TI T S DITION FOR WH OF INJURY OF INJURY IREET, FACTORY, OFF The deceased from	PSIS EQUENCE OF TO DEATH BUT NON HICH OPERATIO DAY YEAR 19 FICE, FARM, ETC.)	A - NUNB N WAS PERFORMED 21c. HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	70b IF YES, WI IN CERTIFYING YES (2) RY IN ITEM 18 PART	ERE FINDING CAUSES OR PART 2)	NGS USED OF DEATH? NO STATE
- /	DATE OF O PART 2 OTHER 19a. DATE OF O 21a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTH 21d. INJURY OC WHILE AT WORK 22a.1 certify th saw the d	Designation of the course last the course last R SIGNIFICANT (INC.) PERATION TAS UNDERLYING COURSED CAUSE OF DELEVANCHE AT WORK TOTAL WHILE AT WORK COURSED	DUE TO, COONDITIONS CONDITIONS CO	OR AS A CONSE ONTRIBUTING TI T S DITION FOR WH OF INJURY OF INJURY IREET, FACTORY, OFF The deceased from	DAY YEAR 19 FICE, FARM, ETC.)	A - NUNB N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	70b IF YES, WI IN CERTIFYING YES (2) RY IN ITEM 18 PART	ERE FINDING CAUSES OR PART 2)	NGS USED OF DEATH? NO STATE that (I) (we) It couses stated
- /	DATE OF O O O O O O O O O O O O O O O O O O	Designation of the course last the course last R SIGNIFICANT (INC.) PERATION TAS UNDERLYING COURSED CAUSE OF DELEVANCHE AT WORK TOTAL WHILE AT WORK COURSED	DUE TO, COONDITIONS CONDITIONS CO	OR AS A CONSE ONTRIBUTING TI T S DITION FOR WH OF INJURY OF INJURY IREET, FACTORY, OFF The deceased from	DAY YEAR 19 FICE, FARM, ETC.)	216. HOW INJURY OCCUR 211 LOCATION STREET 19 nd that in (my) (our) opinian DEGREE ATTENDING	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO death accurred on the di	10b IF YES, WI IN CERTIFYING YES LE RY IN ITEM 18 PART	ORPARI 2)	NGS USED OF DEATH? NO STATE that (I) (we) It couses stated
- /	DATE OF O O O O O O O O O O O O O O O O O O	PERATION AS UNDERLYING CAUSE OF DE. BY MEDICAL EXAMINET COURED AT 1 WORK THE COURE THE COURT COURT COURT AND WHILE COURED AND WHILE COURT AND WHILE CO	DUE TO, COONDITIONS CONDITIONS CO	OR AS A CONSE ONTRIBUTING TI T S DITION FOR WH OF INJURY OF INJURY IREET, FACTORY, OFF The deceased from	DAY YEAR 19 FICE, FARM, ETC.)	216. HOW INJURY OCCUR 211 LOCATION STREET 19 nd that in (my) (our) opinian DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO to death accurred on the di	10b IF YES, WI IN CERTIFYING YES LE RY IN ITEM 18 PART	ORPARI 2)	NGS USED OF DEATH? NO STATE that (I) (we) It couses stated
- /	DEPT 2 OTHER OF CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTH 21d, INJURY OC 22a. I certify the saw the dabave, (II) 22b. SIGNATUR	PERATION AS UNDERLYING CAUSE OF DE. BY MEDICAL EXAMINET COURED AT 1 WORK THE COURE THE COURT COURT COURT AND WHILE COURED AND WHILE COURT AND WHILE CO	DUE TO, COONDITIONS CONDITIONS CO	OR AS A CONSE ONTRIBUTING TITS DITION FOR WH OF INJURY IREET, FACTORY, OFF Wy after death.	DAY YEAR 19 FICE, FARM, ETC.)	A - NONB N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET , 19 nd that in (my) (our) opinion DEGREE M D , ATTENDING PHYSICIAN [20a AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO death accurred on the di	10b IF YES, WI IN CERTIFYING YES LE RY IN ITEM 18 PART	ORPARI 2)	NGS USED OF DEATH? NO STATE that (I) (we) It couses stated
7	PART 2 OTHER 190. DATE OF O 21a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTH 22a. I certify th saw the d above, (II) 22b. SIGNATUR 22d. PHYSICIAN	D immediate status in the course last the course last R SIGNIFICANT (PAL IPERATION CAS UNDERLYING COURSE OF DELEVANDE ALL WOPE ALL WOPE COURSE	DUE TO, CONDITIONS CON	OR AS A CONSE ONTRIBUTING TITS DITION FOR WH OF INJURY IREET, FACTORY, OFF y after death. TAY TAY TAY TAY TAY TO THE T	PSIS EQUENCE OF TO DEATH BUT NON INCH OPERATIO DAY YEAR 19 FICE, FARM, ETC.) DOM	21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 Ind that in (my) (our) opinion DEGREE 10 D. ATTENDING PHYSICIAN [22e ADDRESS 51. AGNORAL	200 AUTOPSY? YES D NO RED (ENTER NATURE OF INJU CITY OR TO death accurred on the d MEDICAL STA DIRECTOR PHYSIC	10b IF YES, WI IN CERTIFYING YES LE RY IN ITEM 18 PART	ORPARI 2)	NGS USED OF DEATH? NO STATE that (I) (we) It couses stated
7	DEPT 2 OTHER OF CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTH 21d, INJURY OC 22a. I certify the saw the dabave, (II) 22b. SIGNATUR	Designation of the course last last last last last last last last	DUE TO, CONDITIONS CON	OR AS A CONSE ONTRIBUTING TITS DITION FOR WH OF INJURY IREET, FACTORY, OFF A y after death. TAY TAY TAY TAY TAY TAY TAY TA	DAY YEAR 19 FICE, FARM, ETC) OM 236, NAME OF C	A - NONB N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET , 19 nd that in (my) (our) opinion DEGREE M D , ATTENDING PHYSICIAN [20a AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO death accurred on the di	20b IF YES, WIN CERTIFY INCERTIFY IN	COUNTY d from the 22c. DATE	NGS USED OF DEATH? NO STATE that (I) (we) It couses stated

DHMH - 16 60M 7/B4 (VRA 15, 4)

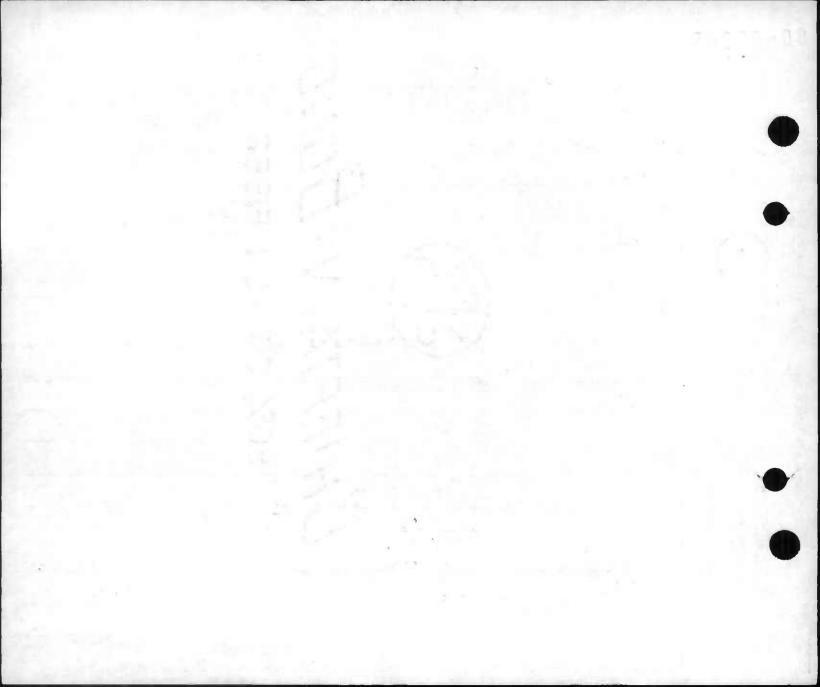
STATE OF MARYLAND

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STATE OF MARYLAND

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00-09005	1	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	1 3 9 5 8
e 4 misy be the page 3 pater death		CEASED NAME FIRST FOR PRINTS AND SERVICE FOR	rd H A RACE	5. DATE OF BIRTH MONTH 2 22 10	20 DATE OF DEATH MONTH 6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 2 PH PSTPM IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
or after death Pop Party the formerst directly and activity and additional activity of house	1	Parylon I	76. CITIZEN OF WHAT COUNTRY? 11. NAME OF HOSPITAL, NURSIN 119 NOT IN SUCH FACILITY GUYE STREET	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	MD.
MARYLAND 212	130	ALRESIDENCE IF NURSING HOME OR CATE 136 COUN 136 COUN BOH ATHER'S NAME FIRST	TY 13c CITY OR JOW	N 13d INSIDE CITY LIMITS? YES NO [] 15. MOTHER'S MAIDEN NA	MIDDLE	Harrison
TIMORE, POSTER PROPERTY PROPER		WAS DECEASED EVER IN U.S. ARA (YES. NO OR UNKNOWN) (IF YES GIVE	AED FORCES? 166 SOCIAL SEAL WAR OR DATES)	2224	ADDRESS ly Stith - Sa	
RDS, 201 W. PRESTON ST., B requires, that the death sertifical or agained by the attending phys Their please remove corbon pall to bursuid, desthation, or remove ingery, or other traumants events	NO	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stafing the underlying cause last	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	more with segs	MINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
At RECO	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
SION OF VIII	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCEDED CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) TId. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DA 216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F	19 211 LOCATION	CITY OR TOWN	COUNTY STATE
PIVE PLAKERAL OR ATTENDING med by the hospital or other old he detached to use as it whe State Dept. of Health as the State Dept. of Health as		220.1 certify that (this hospite sow the deceased alive an above, (4) (we) (did) (did not the private of the pr	iview the body after death.	Ond that in (not) (our) apinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	death accurred on the date and I	19 h. those (we) last rour and from the causes stated
Bb T T T T T T T T T T T T T T T T T T T	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b. DATE 23c t 5-26-86	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	uneral director Anatomy	Board ADDRESS	Balto., Md.	TE REC'D BY REGISTRAR 256 REC	ISTRAR'S SIGNATURE



page 3 er death

mpletely filled in by the funeral director, pand 2 shauld be filed within 72 hours after

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

6 REG. NO

I. DECEASED NA	ME FIRST		MIDDLE	1	AST		20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
(TYPE OR PRINT)	EDWAF	SD.	GARFIEL	D 1	MOORE		5/	16/86		
3. SEX	EDWAI	4 RACE	GAIL TEE	5. DATE C			6. AGE (IN YEARS LAST B		F UNDER I YEAR	IF UNDER 24 HRS
Mal	0	Blac	12	MONTH	1 5	26	60		ONTHS DAYS	HOURS MIN.
	ESTATE OR FOREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
N. Car		USA			D NEVER A					
II CITY OR TOW	N OF DEATH	11. NAME OF	HOSPITAL, NURSIN	WIDOWE		+OKCLD	Baltimor			OF BUSINESS OR
Baltim		(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK FOR MOST			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	E (IF NURSING HOME OR	2822 V			Ave.				1	01015
13a. STATE	13b COUN	VTY	13c. CITY OR TOW	N	13d INSIDE C		13e STREET ADDRESS			21215
Md.	1 N/		Baltin	ore	YES X	NO _		Garris.	<u>on Av</u>	enue
14 FATHER'S NAM		MIDDLE	LAST		IS MOTHER!	FIRST	MIDD:E		LAS	ST
James			Moore			garet			wning	
160 WAS DECEAS		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMA	NT	ADDI	RESS		21215
ves	WW	エ	245-20-	3827	Esthe	er Moo:	re 2822 V	V. Gar	rison	Ave.
18 CAUSE	OF DEATH (Enter or	ly ane cause pe	line far a 119 an	diesi			0		APPROX BETWEEN	ONSET AND DEATH
PART I.	DEATH WAS CAUSE	D BY: TE CAUSE (a)	(Lden	venc	with	(4)	Kune		1	
	WWW. Divis		DAG A CONSTOUR	ENICE OF						1.00
Condition	s, if ony, which	(R AS A CONSEQUI	ENCEOF					40.0	
	to immediate	(b)_							+	
	cause (a), stating the DUETO OR AS A CONSEQUENCE OF									
underlying	underlying cause last.									
	HER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 1	a
CERTIFICATION OF THE CATON										
S 190 DATE C	FOPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		WERE FINDING CAUSES	
E							YES NO	YES		NO 🗆
210. ACCIDE	NT WAS UNDERLYING	21b. TIME C	OF INJURY	AV VEAD	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM IB PAR	RT I OR PART 2)	
OR CONTRIBE	UTING CAUSE OF DEA	A I PI	.M. MONTH D.	AT TEAK						
V	OCCURRED		OF INJURY		211 LOCATIO	NC			COUNTY	STATE
₹ WHILE	NOT WHILE	(AT HOME ST	REET FACTORY OFFICE F	ARM, ETC.)	STREET		CITY OR T	OWN	COUNTY	STATE
AT WORK	y that (I) (this hospi	tal) attended ti	ne deceased from	-	L	. 19	ta	11	0	that (I) (we) lost
	ne deceased plive on		19		nd that in (my)		leath accurred on the			
726 SIGNA		the soc	after deoth.		DEGREE				22c. DATE	
ZZB. ZRSTWA	1 KALLU	1.				TTENDING	MEDICAL STA	AFF	ZZC. DATE	SIGNED
1/	1/ Nous	resone		M	2	PHYSICIAN	DIRECTOR PHYS	ICIAN 🗌		
22d. PHT SIG	LANS NAME (TIPE C	R PRINT)		-	22e ADDRES	5 0 4		101		
/	dilen Det	tlemo	16		177	, illeist	ercturum	VES	212	-08
	MATION, REMOVAL	23b. DATE			EMETERY OR		23d LOCATION			
Buria	1	5/21	/86	Garri	son F	orest	grifwo	s Mill	COUNTY	Md. STATE
24 FUNERAL DIR	ECTOR					25a. DATE	REC'D. BY REGISTRA			
Leroy	O. Dyet	t 4600	Lib ADDRE H	eight	s. Av	e. MA	Y 20 1006	Sulling Si	androw	pandalle
						1717	11 20 1000	1		

DHMH - 16 60M 7/B4 (VRA 15, 4)

as the burial-transit permit. Then please

certificate has been

FUNERAL DIRECTOR:

retained by the haspital

TO HOSPITAL OR ATTENDING PHYSICIAN The law

should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

marked ar Hem 18 shaws any

IMPORTANT: If Item 21 is

ofter

24 within ?

executed

ATTENDING

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR - STATE 1. DECEASED NAME

MALE

Ja. BIRTHPLACE (STATE OF FOREIGN

GEORGIA

BALTIMORE

10. CITY OR TOWN OF DEATH

TYPE OR PRINT

FIRST

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE

JAMES

4. RACE

BLACK

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

INION MEMORIAL HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

(PPW)

29

DIVORCED

MARRIED NEVER MARRIED

1907

LAST

MOORE

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

5. DATE OF BIRTH

0 REG, NO. 2a DATE OF DEATH

9 BALTIMORE CITY OR COUNTY OF DEATH

A AGE (IN YEARS LAST BIRTHDAY)

BALTTMORE

(TYPE OF WORK FOR MOST OF WORKING LIFE)

12a USUAL OCCUPATION

MINISTER

3 MONTH YFAR 2b HOUR

12b. KIND OF BUSINESS OR

APT 50

INDUSTRY

MD.

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then please r to buriol, cre prior to and Mental Hygiane or Iter to FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal

MPORTANT

JOHN THOMAS EVELIUS 23a l

ATORY AL

BALTO:

M.D.

DHMH - 16 60M 7/84 (VRA 15, 4)

SPECIBURIAL	5/10/86	ARBUTUS	
NERAL DIRECTOR NAME PURCE	:L Home	5209 VO	RKR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 1986

13a. Vi.A	RYLAND	USA		BALTIMORE	YES NO [4100 N.	CHARLES	ST 212
14. F	JAMES	A MID	DLE	MOORE	15. MOTHER'S MAIDEN N ROSSYE	I.		ICKLAND
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		WAS CAUSED E	BY:	HOUTE MY	DEARDIAL	INFAR	PETION	APPROXIMATE INTERVAL ETWEEN ONSET AND DEA
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TION		PRC	CTI	ONTRIBUTING TO DEATH BUT	ARCINOM	19		
CERTIFICATION	19a. DATE OF OPER	ATION	196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	YES NO		FINDINGS USED AUSES OF DEATH?
A A	21a, ACCIDENT WAS U OR CONTRIBUTING			DFINJURY .M. MONTH DAY YEAR .M. 19	21c HOW INJURY OCCI	URRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR	PART 2)
MEDIC	21d INJURY OCCU	A		OF INJURY REEL FACTORY, OFFICE FARM ETC.)	ZII LOCATION STREET	CITY OR TO	OWN COL	UNIY STATE
	sow the deced	l) (this hospital	MAY	se deceosed from MA 5 19 86, o		6 to MAY		om the couses stoted
	226. SIGNATURE	The	mas		DEGREE ATTENDING PHYSICIAN		FF _	DATE SIGNED 8
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United the state of the state o THE STATE TO STATE OF LAND THE PERSON OF STREET SELECTION OF STREET SELECTION OF STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-06533 MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Leslie Moore 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED ,.86 2:38P M DEAD April 20 1917 69 YRS 76. CITIZEN OF WHAT COUNTRY? JE BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY) Baltimore City Maryland U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Service OR INDUSTRY 915 E. Baltimore Street 21202 Baltimore Vending Machine Coca-Cola Co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3n STATE 13d. INSIDE CITY LIMITS? 13b. COUNTY 13c CITY OR TOWN 13e STREET ADDRESS Maryland Baltimore YES X 915 E. Baltimore St. 21202 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Musslian Beleslin (Unknown) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO MISTORMANT ADDRESS Md 21202 (YES NO OR UNKNOWN) 217-01-0211 Frankie L Moore/915 E Baltimore St/Balto Yes CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: ING. IN PENCIL IN ITEM ICAL EXAMINER ALONA BURIAL - TRANSIT PERM H AND MENTAL HYGIENE MATION, OR REMOVAL. Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL RETREATH WITH THE STATE DEPARTMENT OF HEALTH AND MA BAILIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR Chronic obstructive pulmonary disease 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? NO XX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE Inspection XX 220. I certify that I taak marge of the remains described above, held an Autapsy death residted of courses WXX Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 5/11/86 Chief SIGNATURE 111 Penn Street, Balto, MD 21201 EXAMINER'S NAME John E.Smialek, M.D. (TYPE OR PRINT) ADDRESS 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 05/14/86 Md. Vets. Cemetery Crownsville, A.A. Co., Md. 07/84 24. FUNERAL DIRECTOR Balto Md 21223 **DHMH - 17** (VR A15 ME (5)) Walters Funeral Home/Pratt & Stricker Sts.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

retained by the hospital or attending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the busial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. MPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other troumotic event, the

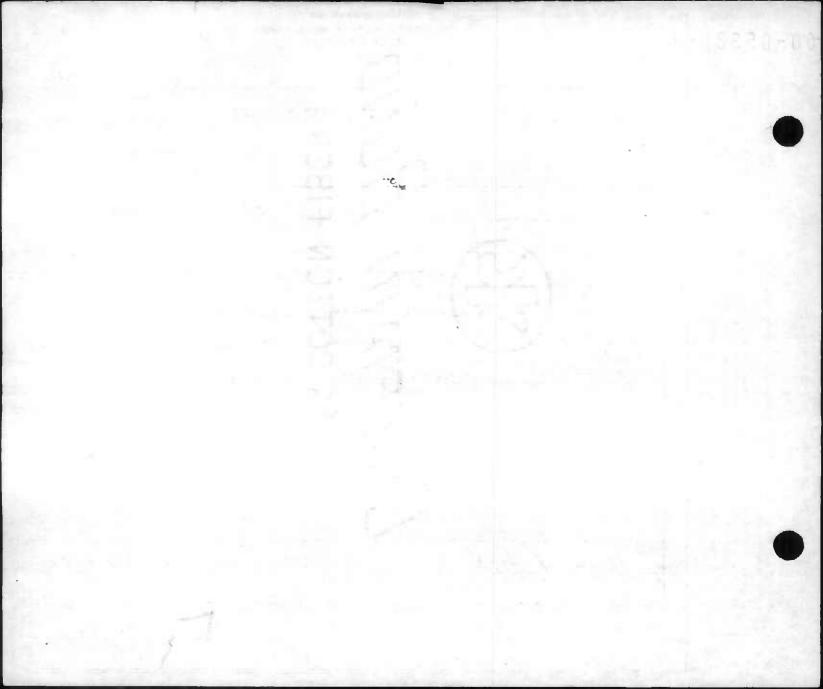
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FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

36 1396

	REGISTRAR					REG. N)			
DE	CEASED NAME FIRST	A	AIDDLE		AST		MONTH	DAY Y	EAR	26 HOUR
	THO	MAS -		1.60	OORE		5	1 8	6	1015
SE		4. RACE	eph	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1	YE AR	IF UNDER 24
	Male	White		Auc	7.10, 1912	7.3	YRS	MONTH5	DAYS	HOURS /
	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNT	RY? 8		9 BALTIMORE CITY O		Y OF DEA	TH	
	Mass.	USA		WIDOWE	D W NEVER MARRIED L	BALTIMORE	CTMV	,		
	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NUI	RSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	12b K		BUSINESS
7	ALTIMORE			L HOSPI	TAT.	Postal Cle		INC)	SIKI	
J	AL RESIDENCE (IF NURSING HOME STATE 13b, CO	OR OTHER INSTITUTION		EFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7ID COE)E		
	Md.	ONT	Balti		YES X NO	3813 South			e 2	1206
F	ATHER'S NAME				15. MOTHER'S MAIDEN NA					
	John	MODLE	ore (AST		Mary	Agnes	3	F	lah	erty
	VAS DECEASED EVER IN U.S.		166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRE				740
;	YES, NO OR UNKNOWN) IN YES.	GIVE WAR OR DATES)	028-07	7-7353	Mrs. Maureer	Moore 601	8 We	stche	ste	r Par
1	18 CAUSE OF DEATH (Enter	only one couse per						I man	PERCHA	AATE PATERVA
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(c)		al & gar quence of tic st	CONTROL OF COLUMN COLUM	INAL DISEASE OF CONT	DITION	IVEN IN DA	DT 1:-	
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR (c) T CONDITIONS CO	R AS A CONSE	QUENCE OF TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YE	ES, WERE F	INDIN	GS USED
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DHMH - 16 60M 7/B4 (VRA 15, 4)



DHMH - 16 60M 7/84 (VRA 15, 4)

	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA		ENE 8 6	! 3	1	63
		EASED NAME KIM	A	MIDDLE	MO	RGAN	1012	2a DATE OF DEATH		YEAR	2b. HOUR
	(1116	OK EKINAL)		R.	14	- 0111		MAY 26,	1986		5:57A1
	T 5E)	FEmale	4. RACE	l ack	5. DATE C		YEAR 59	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNI	PER I VENIE	HOURS MIN.
5	C	RTHPLACE (STATE OR FOREIGN COUNTRY) Marvland		WHAT COUNTRY	? 8 MARRIEI WIDOWE	D NEVER MARI	RIED 🕇	BALTIMORE CITY OF	R COUNTY OF D	EATH	MD.
121	10. CI	TY OR TOWN OF DEATH				OSPITAL	TION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF UNEMPLOYE	WORKING LIFE) IN	IDUSTRY	BUSINESS OR
5	M	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY)	OTHER INSTITUTION, VTY	GIVE RESIDENCE BEFO 1336. CITY OR TOV Baltimo		0.3		13e STREET ADDRESS / 131 N. Ais	ZIP CODE squith S	21202 treet	Apt.7B
0		THER'S NAME FIRST Robert	WIDDLE	Morgan		Edna	AIDEN NAM	MIDDLE ADDRE		Bai	ley
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIV	MED FORCES? E WAR OR DATES)	217-78-		Edna Mo	rgan	1000 Tunbr			NATE INTERVAL NSET AND DEATH
HORGAN.	TION 12/23/59	Canditions, it any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2, OTHER SIGNIFICANT (The part of OPERATION	DUE TO, OR (c) CONDITIONS CC	us c	JENCE OF	NOT RELATED TO	ul	NAL DISEASE OR CONE	DITION GIVEN IN		
	CERTIFICAT				n OPERATIO			YES NO	IN CERTIFYING YES	CAUSES	OF DEATH?
1	MEDICAL CE	2 0. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P./	m. month [m.	DAY YEAR	No. 12.	Y OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 C	OR PART 2)	
	MED	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE	, FARM, ETC }	211 LOCATION STREET	9	CITY OR TO	NN C	OUNTY	STATE
	400000	220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no 22b SIGNATURE	5/	U6 19	86, or	DEGREE) apinian d	eath accurred an the do	F /		
	8	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	0		22e ADDRESS	600 1	NOLFE S)5	2000
		WEFA		CHE TO		Joh		(POPICIL	2)		
		BURIAL, CREMATION, REMOVAL SPECIES AL	236. DATE 5/30/			ion Cemet		Lansdown	e,	Md.	STATE
		uneral director arch Funeral Ho	mes 110)1 East	North	Avenue	25a DATE	REC'D. BY REGISTRAR 29 1986	250 REGISTRAR'S	SIGNA	RE-Jalla

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		and the file of		
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		entering of Judgle visit		
	TOUR THOU	000		

120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY tousewife 13e.STREET ADDRESS / ZIP CODE 2/20/ HOVINS 570 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated DIRECTOR PHYSICIAN IEFFENBACH 0415 ST. AGNES 23¢ NAME OF CEMETER 23d LOCATION 23b. DATE AVEN 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

YEAR

DAYS

IF UNDER I YEAR

26 HOUR

IF UNDER 24 MRS

DHMH - 16 60M 7/84 (VRA 15, 4)

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BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CEKITE	ICATE OF DEATH	REG. NO.	
I DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
Conference L	STHEL I	MORRIS	1101	5/24/86	8 AN
3. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE	White	2	12 12	74 YRS	
TO BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
Pennsylvania	U.S.A.	WIDOWE		Baltimore City	У
O CITY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Baltimore	Mercy Hos	_		Own Home	G LIFE) INDUSTRY
JOUAL RESIDENCE IF NURSING HOME			A 124 INSIDE CITY HAVES	Lo. STREET ADDRESS / 710 CO	NOT.
Maryland		ltimore	13d. INSIDE CITY LIMITS?	118 North Jan	
FATHER'S NAME			15. MOTHER'S MAIDEN NA		
FIRST	McC1	elland	Mabel	WIDDIE	Chapman
WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SC	CIAL SECURITY NO.	17 INFORMANT	ADDRESS	Total Pariotes
(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	7-22-9939	Philip R. Mon	rris Sa	ame as 13e
			[APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	JSED BY:		HEAPT FAILLY	۸۶	3 YEARS
IMMED	TATE CAUSE (a)	Gestive 1	HEART FAILU	155	101113
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last		CONSEQUENCE OF	ERY DISEASE		5+ Years.
	IT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (SIVEN IN PART I I O
19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING	110110 111 111		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART 2)
OR CONTRIBUTING CAUSE OF	OLA III	19			
1 CONTRIBUTION CAUSE OF CAUSE OF CHIEFER NOTIFY MEDICAL EXAMI	21e. PLACE OF INJU (AT HOME, STREET, FACT	JRY ORY, OFFICE, FARM, ETC.)	216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a I certify that (I) (this ha	spital) attended the decea	osed from	5/14 1986	10 5/24	19 86 , that (I) (we) last
sow the deceased alive	an 5/2.		nd that in (my) (aur) apinion	death accurred on the date and h	
22h SIGNATURE	nul; view the body offer de		DEGREE		22¢ DATE SIGNED
150/0×10	I reproved	20 MD	ATTENDING PHYSICIAN	MEDICAL STAFF	5/24/86
22d. PHYSICIAN'S NAME (179	E OR PRINT)	1	22e ADDRESS		19/-1/00
ROBERT (- Greenwe	ell Jr.MD	Mercy Hosp	tal BALTIMON	e, MD.
30 BURIAL, CREMATION, REMOV	AL 23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
Burial	5/27/1986	Cedar	Hill Cemetery	Glen Burnie	Maryland

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Duda-Ruck, Inc. (VRA 15, 4) 7922 Wise Avenue

5/27/1986

ADDRESS

Dundalk, Maryland

Glen Burnie

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

21222

ARMEN CONTRACT TO A STANKE

5.

13.7

500				E OF MARILAN					~ **	
FOR STATE REGISTRAR		DEPARTA		EALTH AND MI		IENE 8	6 REG. NO.	İ	3	0 0
1. DECEASED NAME FIRST		MIDDLE		LAST		26. DATE OF D	EATH MONTH	H D	AY YEAR	26 HOUR
(TYPE OR PRINT) HIRAM		BURTON		MORRIS			5	37	86	2:30 A A
3 SEX	4. RACE		5. DATE			6 AGE (IN YEA	RS LAST BIRTHDAY		F UNDER 1 YEAR	
Male	White		Jan.	11, 190	O1	85		YRS.	ONTHS DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Delaware	76 CITIZEN OF	what country?	8 MARRIE WIDOW	D NEVER MA	ARRIED ORCED		CITY OR CO	UNTY	OF DEATH	ME
BALTIMORE	(IF NOT IN SUI	HOSPITAL, NURSIN THE FACILITY, GIVE STREET I N MEMORIA	ADDRESS)		UTION		OR MOST OF WORK		INDUSTRY	of BUSINESS OR E Fitter
USUAL RESIDENCE OF NURSING HOME 130 STATE 136 CO		GIVE RESIDENCE BEFORE 134 CHTY OR TOW Baltimor	N	13d INSIDE CITY	Y LIMITS?	13e.STREET AD	DRESS / ZIP	CODE roft	Rd. 2	21206
14 FATHER'S NAME FIRST Samuel	WIDDLE	Morris		15. MOTHER'S A	RST		WIODLE		Unkno	
160 WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMAN	T		ADDRESS			
TYES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES	100-03-4	556	Mrs.	Ethel	Morris	Same	e as	# 136	9
IB. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	SED BY	CARDIOPO		14 Acre	17				APPROX BETWEEN	RIMATE INTERVAL ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (0), stofing the underlying cause last	(b)	R AS A CONSEQUE R AS A CONSEQUE ASC	LDIA	INFARCT	1001					
PART 2 OTHER SIGNIFICAN COPD 190 DATE OF OPERATION	_	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO	O THE TERM					
190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	MED	20a AUTOP			WERE FINDI	NGS USED S OF DEATH?

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR
Id INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARA	A ETC)

	YES 🗌	NO	YES	N
Y OCCURRED	(ENTER NA	TURE OF INJURY	IN ITEM 18 PART I OR PART 2)	

CITY OR TOWN

AT WORK 22a I certify that (1) (this hospital) ottended the deceased from sow the deceased olive on 5/3 (
above, (1) (we) (did not) view the body after death. and that in (my) (90) opinian death accurred on the date and have and from the causes stated DEGREE

21c HOW INJUR

211 LOCATION

B. SIGINATORE	-	_	
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Down	15	- 0	 VS
I BUYETCHANG MA	145		

MEDICAL STAFF DIRECTOR PHYSICIAN ATTENDING UNION MEMORIAL HOSP

	ZZC. DATE	2101	ED
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	31	2)	181
T	TAT.	,	.00

STATE

STATE

COUNTY

22e ADDRESS

DAVID S-	DUNN	201 E. UNI	ver
urial, Cremation, removal	23b. DATE 6-3-86	23c NAME OF CEMETERY OR CREMATORY Moreland	23d LG

LOCATION	
Baltimore,	Maryland

Burial 24 FUNERAL DIRECTOR

CERTIFICA

MEDICAL

Baltijore, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc.

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR			CERTI	ICAIL OI	DEATH		REG. NO).				
	CEASED NAME FIRST		MIDDLE	l.	LAST		2a. DATE OF	DEATH /	MONTH	DAY	YEAR	26. HOUR	
(14)	ELSIE	+	+.	MO	RSE			MA	17	1 8	16	4:33	M
3. SE	X	4 RACE		5. DATE C		YEAR	6. AGE (IN Y	EARS LAST BIRT	HDAY)	MONTHS	RIYEAR	HOURS M	RS IN.
	Female	Black	4	4	29	19	67		YRS	A CONTRACTOR	DATS	HOOKS	(14)
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	ALABBIED 🗍	9. BALTIMO	RE CITY OF	COUNT	Y OF DE	ATH	117	
	Maryland	4.5	A.	WIDOWE		NORCED	C	-174	_ /				MD.
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER IN	TITUTION	120. USUAL C				KIND OF	BUSINESS	OR
1	Baltimore	South	Baltimo		nefal	hosp	R	etires	1		OUTHI		
13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION	13. CITY OF TOW	VN		CITY LIMITS?	13e STREET A				,	210	
/	ATHER'S NAME		Ba(tim	0,0	YES X	'S MAIDEN NAM	1220	6111	more	57	-	0/01	7
I C.F.		MIDDLE	SQUILL	41		FIRST	WE	WIDDLE		a	dam		
	WAS DECEASED EVER IN U.S. AR.	MED FORCES?	166 SOCIAL SECT		17 INFORM	-		ADDRES	SS		74771	3	_
(YES, NO OR HINKHOWN) (IF YES, GIV	E WAR OR DATES)	1484236	661	Luvi	na Ta	rbott	126	30 N	1.6	1/14	ne	St
	18 CAUSE OF DEATH (Enter on					1 -	0 1				APPROXIA BETWEEN O	NATE INTERVAL NSET AND DEA	TH
	PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (o)	Conge	stul	HE	eut f	all	-6					
		DUF TO O	R AS A CONSEOU	JENCE OF	-							•	
	Conditions, if ony, which (16) Careno malors forere breat Co								a	eur	-		
	gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQU	IENCE OF	•	0							
	underlying couse lost.	(()	Tru		in	etres	4						
	PART 2 OTHER SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASI	E OR CONE	ITION GI	VEN IN	PART 110		
N N	Asul	9											
CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTC	PSY?				GS USED OF DEATH?	
Ě	ECONOMIC OFFI						YES 💌	NO		ES [LAUSES	NO [
1 8	210. ACCIDENT WAS UNDERLYING			AV VEAD	21c HOW I	NJURY OCCURR	RED (ENTERNA	TURE OF INJUR	Y IN ITEM 18	PAR1 I OR	PART 2)		
	OR CONTRIBUTING CAUSE OF DEA	1171	M. MONTH D	AY YEAR									
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCAT	ION		CITY OR TOV	4/8.1		DUNTY	STATI	
Z	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE	FARM, ETC)	STRE			CITORIOT			0.411	31811	
	22a.1 certify that (1) (this hospi	tol) ottended th	ne deceosed from .	April	10	19 86		104	1	, 19_8	6_,	hot (I) (we)	lost
	sow the deceased alive on	May	19_	10	nd that in (m)	(our) opinion	deoth occurre	d on the do	te ond ho	ur and f	rom the c	ouses stated	1
	obove, (I) (we) (did) (did no	A	offer deom.	34.75	DEGREE				6.1	27	c. DATE S	SIGNED	_
	Catt 5	Hard	h. in	5	MA	ATTENDING PHYSICIAN	MEDICAL	STAF		150	5/1	100	
1	224 PHYSICIAN'S NAME (TYPE C	R PRINT)			22e ADDRE		Johnson					0 -	
	Scatt 1	600	OFRIEND	Mn	300	21 5	1400	UOVER		-	Q., 1	Pimo.	10
730	BURIAL, CREMATION, REMOVAL	23b. DATE				CREMATORY	23d LOCA		7		Du!	7 17110	_
230.	(SPECIFY) A	5-5		1 loct	Lares 1	1 - 0	CITY	ORTOWN	110	COUN	ITY	STATE	.0
24 F	UNERAL DIRECTOR	100	V	1010	you !	1emonal	E REC'D. BY R	EGISTRAR	OF DECK	A D'C	SIGNAT	IRE :	4
1	lainh E. 4- We	st 43	DO 11) al	noch	Muon	AV	7	303	19:04:0	MATERIAL	434	Mary Control	
1 // /	11 WILK 1. J. PT V 1. J. N.	(a) ((a)	(J(J 11/1/1 U)	Mr X VI	PATINIII	N # / 1 1104 4	1 1987	· ** ** **	9				

DHMH - 16 60M 7/B4

(VRA 15, 4)

H- West 4300 Walbash

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medico

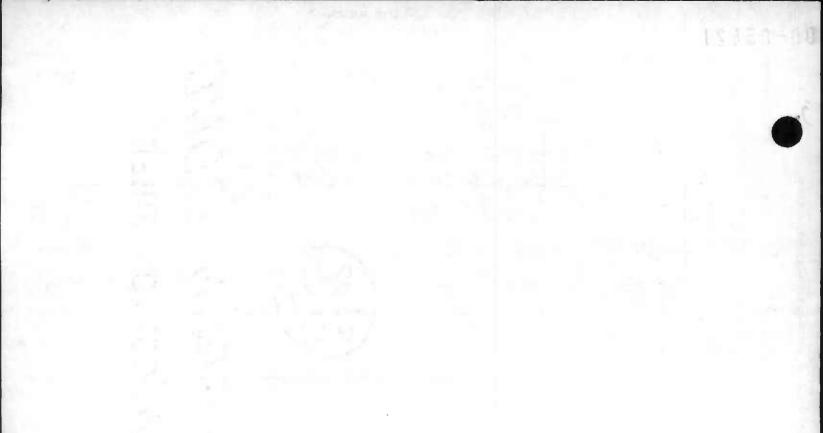
OR ATTENDING PHYSICIAN: The low requires that the death certificate be

ottending physicion.

etoined by the hospitol or

BP.

TO HOSPITAL

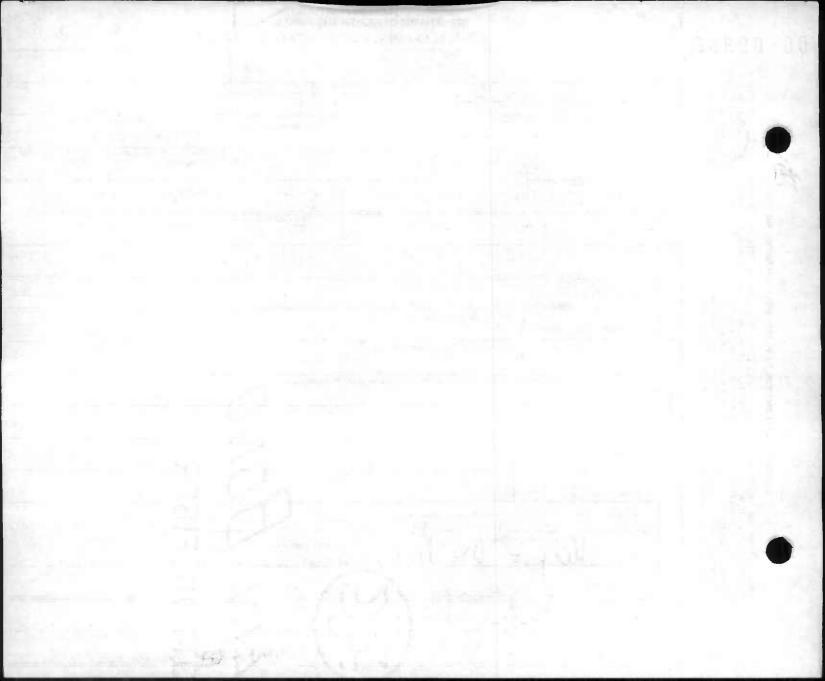


E. EVANS ANNAPOLIS, MARYLAND

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(VR A15 ME (5))

20M 4/82



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8	REG. NO.	1	3	9	6
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MAY 1 4 1986

	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 6	139	6 9
	1. DECEASED NAME FI	RST	Mul	llaney		MONTH DAY YEAR 26 H	75°
-	3. SEX		ite Se	pt. 27,1892	6 AGE FIN YEARS LAST BIR	MONTHS DAYS HOUR	
10	70 BIRTHPLACE (STATE OR FORE) COUNTRY) Md.	US	M WIDOW		City	R COUNTY OF DEATH	MD.
	Baltimore	Franci	HOSPITAL, NURSING HOME (THE FACILITY, GIVE STREET ADDRESS) SCOTT KEY H	The state of the s	12g USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemaker		INESS OR
2	Md.	COUNTY Balto.	GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN TOWSON	13d. INSIDE CITY LIMITS? YES NO 🏋		Joppa Road 2120	4
ď	14. FATHER'S NAME FIRST Jan		arski	IS. MOTHER'S MAIDEN NA Antonine	B. MIDDLE	LAST PMS	
-	160 WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (II	J.S. ARMED FORCES? EYES, GIVE WAR OR DATES)	218-05-7308	Mrs. Marie	ADDRE Knopp 2136		
	PART 2 OTHER SIGNIFIC	ate the ast (c)	R AS A CONSEQUENCE OF	T NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVEN IN PART 1:0	
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY		ITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DE YES NO	
	21d. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E 21d INJURY OCCURRED	E OF DEATH HOUR A.	M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART ?)	
	AT WORK AT WORK	(AT HOME, STI	REET FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO		STATE
	22a.l certify that (I)(thi saw the accessed a above (I) (I)ve) (did) 22b. SIGNATURE	live an emale (grid no) view the body		DEGREE	death accurred on the do	ate and hour and from the causes 22c. DATE SIGNI	
		Denmar		5200 Ea	istern A	ve Balt Mc	1,
	Burial (SPECIFY) Burial			cemetery or crematory	23d. LOCATION CITY OF TOWN Rundalk		STATE
	24 FUNERAL DIRECTOR Leonard J.	Ruck Inc.	Baltimore, Ma	ryland	MAY I CL 100	25b. REGISTRAR'S SIGNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

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1	STATE OF MARY
FOR 1 - STATE	DEPARTMENT OF HEALTH AN
- STATE	CENTURE AND OF

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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6	3	7	1	
REG. NO.				

_		REGISTRAR				CERTIF	ICATE OF DE	AIH	REG. N	0.		
1		CEASED NAME	FIRST		AIDDLE	i.	AST		2a. DATE OF DEATH		DAY YEAR	2b HOUR
	11111	gardiniti.	PHOE	BE		m	URPH	4	5/26/8	•		4 45 AM
	3. SEX			RACE		5 DATE C			6. AGE (IN YEARS LAST BI		IE UNDER I YEAR	IF UNDER 24 HRS
		Femal	6	Bla	ck	MONTH 2	10	Ö7	79	YRS.		HOURS MIN.
2	7a. Bii	RTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER M.	APPIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
	N	lorth Caro	lina	U.S	.A.	WIDOWE		ORCED	C17	/ BALT	IMORE	MD.
9	10 CI	TY OR TOWN OF DEA	ATH 1	1. NAME OF H	OSPITAL, NUR HEACILITY, GIVE STR	REET ADDRESS)	R OTHER INSTI		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (OF BUSINESS OR
£		ALTINUOR ALRESIDENCE (IF NURS			DEN T		TAL IN	<u>_</u>	N/A		1	
	13a S	faryland	136 COUNT		Baltin	NWC	13d. INSIDE CIT	Y LIMITS?	1729 East	31st	Street	21218
50	14. FA	THER'S NAME	M	IDDLE	LAST		15. MOTHER'S	MAIDEN NAA	WE		LAS	SI.
)		Joseph			Wooten			IK 3 I	-	-	-	
1		VAS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17 INFORMAN		ADDR	1 (airfax,	Va 22030
	()	(YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 214-14-		1-0358	Raymon	nd Murp	ohy, Jr. 10	629 W	Drive			
- 1										BETWEEN	IMATE INTERVAL ONSET AND DEATH	
		PART I. DEATH W	/AS CAUSED	BY:		opulmo	MANY	APRE	57			
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which (16) RENAL INSUFFICIENCY										
		gave rise to immediate cause (a), stating the DUETO ORAS A CONSEQUENCE OF										
		underlying cause		DUE 10, O	SEVE	RERE	SPIRATO	my.	DISTRESS.			
		PART 2. OTHER SIGI	NIFICANT CO	ONDITIONS CO					INAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
	S S		Dias	etr	moli	itres'						
1	CERTIFICATION	19a DATE OF OPERA			TION FOR WHI	ICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		, WERE FINDIN	
1	Ě								YES NO	YE:		NO [
7	188	21g. ACCIDENT WAS UN	DERLYING	21b. TIME O			21c HOW INJ	URY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
ŧ.	100	OR CONTRIBUTING		n .	M, MONTH	DAY YEAR						
	MEDICAL	21d. INJURY OCCUR		P. 21e. PLACE		19	21f LOCATIO	7				
	W.	MILLE NOT W	HILE		REET, FACTORY, OFEI	CE FARM, ETC)	STREET		CITY OR TO	IMM	COUNTY	STATE
	1	AT WORK AT WO	ORK	b o I I I	1 17	25-14	non	1081	D GON 1	non	10.86	11-1-11-1-11-1
		22a. I certify that (1) saw the decease abave, (1) (we) (ed alive an_	264	may 19	0.4	1	aur) apinian (death accurred an the c	ate and hav	r and fram the	causes stated
		226. SIGNATURE	Adria	u				D			22c DATE	SIGNED
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										
		22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDRESS		= 10m m. Tax	INC.	00/700	10n6 (177
		ANTHON	Y - C.	DIKE	mo	· · · · · · · · · · · · · · · · · · ·	PKO	VIDENI		1/86.	DAC III	
		BURIAL, CREMATION,	REMOVAL	23b. DATE	1		EMETERY OR C		23d LOCATION		COUNTY	STATE
		BURIAL		5/31,	/86	Arbutu	s MEmor				Md.	
		UNERAL DIRECTOR			ADDRES			25a. DAT	E,REC'D. BY REGISTRAF	256. REGIST	RAR'S SIGNAT	URE S. A.P.
	M	arch Funer	al Hon	nes 110	1 East	North A	venue	MA	1 7 7 8 1986	Julia	CAN WAREN	- Proposition

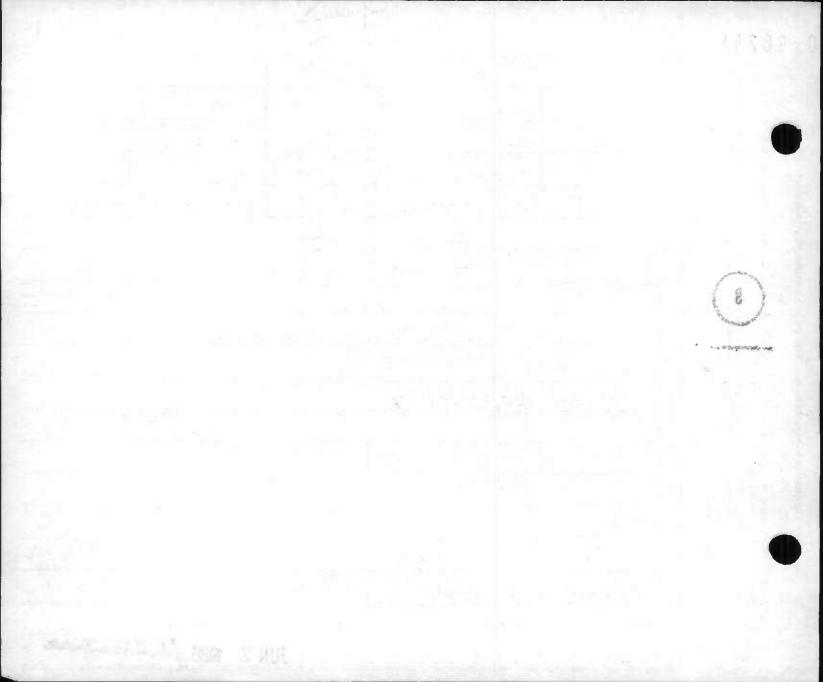
DHMH - 16 60M 7/B4 (VRA 15, 4)

WM.C.MARCH F/H INC. 1101 E.NORTH AVE.

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND



00-05845

STATE OF MARYLAND

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	- STATE REGISTRAR	DEPA	CERTIFICAT	E OF DEATH	REG. NO.	1 3 4	1 la
	DECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MON	0	26 HOUR
L	VER		MYER		05		0750 M
3	SEX	4 RACE	5 DATE OF BIRT	H DAY	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DATE	IF UNDER 24 HRS
L	male	Carc.	12 -	11 - 48	301 8/	YRS	
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR CO		
L	Usit	USA		DIVORCED [Balthur	ne Why	MD.
10	Belline	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)		120 USUAL OCCUPATION		be business or
Ų	SUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BE	OWN 13d IN	NSIDE CITY LIMITS?	13e.STREET ADDRESS ZIF	Stonback tene It	17. 212. 21201
14	FATHER NAME	MIDDLE MINDLES	15 M	OTHER'S MAIDEN NA	WE	Robe	tum
18	AS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	44-0410	Plane B.	Daylers ADDRESS	Trans	21237 as
	PART I. DEATH WAS CAUS	only one cause per line for (a), (b)		and			IMATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (0), stofing the underlying cause lost	DUE TO, OR AS A CONSE	OUENCE OF	RELATED TO THE TERM	AINAL DISEASE OR CONDITION	ON GIVEN IN PART 1:	0
MOIT & DISIT	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WH			200 AUTOPSY? 200	F YES, WERE FINDING CERTIFYING CAUSES	NGS USED
		HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)	HIN -
AAPPA	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		OCATION STREET	CITY OR TOWN	COUNTY	STATE
-	sow the deceosed alive a	oitol) attended the deceased from	9 07 , and that	in (my) (our) opinion	death occurred on the date a	nd haur and from the	**
	Sang W	ul	m?	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	In DATE	ay 86
	Down 1	t wells	276. 4	22 s. Cr	reene St.		
23	BURIAL CREMATION, REMOVAL	5-6-19.86 7	THE NAME OF CEMETE	el Com.	BRIGE PR	00.80	· his
1	thing Cower &	Low Inc. Gol	26llens	G 250 DAT	Y G 6 PEGISTRAR 25h I	REGISTRAR'S SIGNAT	URE POLICE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, Afra should be slettsched for use as with the State Dept, of Realth.

TO MOSPITAL retained by the

MAPORTANT, If Nem 21 is marked or Nem 18 char

STATE OF MARYLAND

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	1 - STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	GIENE 3 6 REG. NO.	3 4 / 3
	1. DECEASED NAME FIRST	WIDOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4	(TYPE OR PRINT) MARTH	A A.	NAGEL	MAY 09,1986	5:30A,
3	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	August 4, 1928	57 YRS	
5	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
1	Penna.	U.S.A.	WIDOWED DIVORCED	Baltimore Cit	y MI
1	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET Church Hospit	tal	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Machine Operato	IZE KIND OF BUSINESS OR INDUSTRY ICE Cream Co.
5	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 131. COUR Maryland Balt:	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW ESSEX		136 STREET ADDRESS / ZIP CO 915 Foxwood La	one 21221
2	FATHER'S NAME FIRST Jacob	MDDLE Salansky	15. MOTHER'S MAIDEN N FIRST Marie		Palusak
7	160 WAS DECEASED EVER IN U.S. AR			ADDRESS	
6	(YES, NO OR UNKNOWN) (IF YES, GA	199 20 59	953 Neil A. Na	gel (sam	e)
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	TE CAUSE (a) DUE TO, OR AS A CONSEOUE (b) DUE TO, OR AS A CONSEOUE (c)	ENCE OF	XVARION CANCER	9 YEARS
'n		CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION C	SIVEN IN PART 110
1	PATHOLOGI 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		GHT FEMUR OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
			AY YEAR 19	IRRED (ENTER NATURE OF INJURY IN ITEM I	8 PART) OR PART 2)
	OR CONTRIBUTING CAUSE OF DE CHE ELIMER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK A WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
	22a.l certify that (I) (this hosp	ital) attended the deceased from I	MAY 08 19 86		_, 1986, that (I) (e) los
		ot) new the body after death.	86, and that in (my) our) opinio	n death occurred on the date and h	our and from the couses stated
	The SIGNATURE &	Hornley	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/9/86
	224 PHYSICIAN'S NAME THE	(separati	22e ADDRESS CHUE	RCH HOSPITAL C	ORPORATION

OR ATTENDING PHYSICIAN: The lo BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the othen should be detached for use as the buriof-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation. morked or Item 18 shows ony

> Burial Bruzdzinski Funeral Home PA 1407 Old Eastern 24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

236. DATE 5/12/86

PAUL GORMLEY M.D.

100 NORTH Oak Lawn Cemetery

BROADWAY BALTO, MD. 21231 Baltimore

Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAD'S SIGNATURALIZATION OF THE PROPERTY Ave . MAY Q

CONTRACTOR OF THE PROPERTY OF

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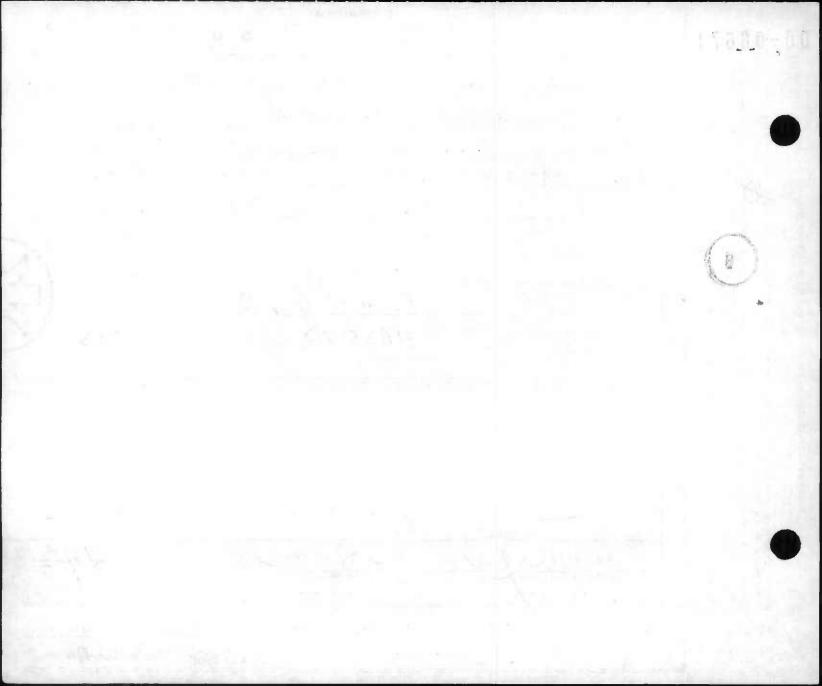
Committee of the second

WAY : 5 IN

		1	Item #8 mtb 5/2	22/86 F#61	5 DEPARTMEN	STATE OF A	ARYLAND AND MENTAL	HYGIENE					- Ma
0 -	06501,	1-	STATE REGISTRAR	M			ERTIFICATE	(3)	6 REG.	J 3	9.	1	:)
	/		CEASED NAME FIRST		MIDDLE		LAST	2a. [OF ESTI-	MONTH	DAY Y	YEAR 2	26 HOUR
	ES. S. E.S.		Har	ry	Lee	N	Napper		EATH MATED	D 5/	12/19	86	M
	PLE FOTO FOTO STREE	3 SE	X 4. RACE	5. DATE OF BIRTH	YEAR LAS	SE (IN YEARS IF UN		ER 24 HRS. 2c	DATE NOUNCED	MONTH	DAY	YEAR 7	24 HOUR
	ARY, LDIR TON	M	ALE BLACK	212	58 2	YRS.			DEAD	5/	12/19		Рм
	E E E E E E E E E E E E E E E E E E E	F	REIGN COUNTRY)	76. CITIZEN OF V	WHAT COUNTRY?	8. MARR	IED NEVER MA	RRIED . 9. B.	ALTIMORE CITY	OR COUNT	Y OF DEAT	TH	
rich.	N. S. P. N. S. P. N. S. P. S.		ITY OF TOWN OF DEATH	U.S.A	OSPITAL, NURSING	WIDOW			Baltimos OCCUPATION (1		Y ,	OF BUILD	MD.
	AY IS AGE PILEC		Baltimiore	(IF NOT IN SUCH	FACILITY, GIVE STREET A Spellman	DDRESS)	IEK INSTITUTION		OF WORKING LIFE)	YPE OF WORK		DUSTRY	
	3 TOEL		AL RESIDENCE OF IN NURSING HOA	ME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)							
	MD. 21201 H. IF ANY DELAY IS NECESSARY, PLEASE H. J. AND 3 TO THE FUNERAL DIRECTOR. M. 3. RETAIN PAGE 5 FOR YOUR FILES. 2.2 SHOULD BE FILED, WITHIN 72 HOURS ITAL RECORDS, 201 W. PRESTON STREET,	130. M	ARILAND 13b. CO.	UNTY	130 CITY OR TO	VRe	13d. INSIDE CITY LIMITS	13e STREET	DORESS	FiRma	Pl:	212	25
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN. The law-requires that the death certificate be executed within 23 doubt after death. Page 4 may be coopial or attending physician. RECOR. After this certificate box been signed by the attending physicial and carp rely filled may the funeral director, page 3.	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ATENDING PHYSICIAN The law requires that the death certificate be executed within 24 pours after death. Fage 4 may be loogistal or attending physician and camb rely filled may the funeral director, page 3. ECTOR, After this certificate bos been signed by the attending physician and camb rely filled may the funeral director, page 3.

0.6.671	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 1 3 9 / 6 CERTIFICATE OF DEATH						
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR		
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1 4 4	1 SE	X	4 RACE	5. DATE (IF UNDER 1 YEAR IF UNDER 24 HRS		
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2 hot 2		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY	MARRIE	DXX NEVER MARRIED	9 BALTIMORE CITY OR COUNTY			
150		MARYLAND	U.S.A.	WIDOWI		BALTIMORE CITY			
100		BALTO.	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 3307 BONNIE RD.	2120		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY AT HOME		
# 35	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN MARYLAND	OTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 136. CITY OR TON BALT	VN	136 INSIDECITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 3307 BONNIE RD.	21208		
1300	14 FA	THER'S NAME FIRST HARRY	MIDDLE BORENST	EIN	15. MOTHER'S MAIDEN NA PIRST RACHAE	ANDDUE	COOPER		
(8)		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRESS			
	(NO NO NO NOR GIVEN OWN)	220-22-	3531	ISADORE NAR	RUN 3307 BONNIE RD			
physics physics moval.		PART I. DEATH WAS CAUSE	ily ane cause per line far (a), (b), a D BY: [E CAUSE (a)	Car	diai an	rest.	APPRÓXIMATE INTERVAL BETWEEN ONSET AND DEATH		
th cer corbo corbo notice			DUE TO, OR AS A CONSEQU	IENCE/OF/	(11)		YRS		
hat the dec by the atte and remove I, crematia other traus		Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF	200		1/63		
quires to the igned to burio njury, or	Z C	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	minal disease or condition give	EN IN PART I I a		
bor bearing	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?		
CLAN TI Physics of fronsit not type	10000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART ?)		
Sherding attending or the bur- and Me and Me	MEDICAL	21d. INJURY OCCURRED HE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		216 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
TTENDEN pital or TOR. Art for use of Health		220.1 certify that (1) (this hospi	ital) attended the deceased fram 2 17 19	84.0	nd that in (my) (our) apinion	n death accurred an the date and have	and fram the causes stated		
At DR A DREC herophysical personnel of the mention of the Dept. T. If them.		22b. SIGNATURE	lulu	A	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIG 11.		
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tomed to the Special S		DR. BORIS K	ERZNER		131 SLADE	AVE.			
55 5213	230.	BURIAL, CREMATION, REMOVAL		NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE		
BP		BURIAL	5/9/86	BETH T	FILOH CEMETER		E MARYLAND		
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR SOL, L.F. 010 REISTERSTOW	VINSON & BROS	INC. 21215	25o. DA	MAY 1 5 1986 Julian	RAR'S SIGNATURE		



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th of	0000			(c)	17				<i>a \phi</i>
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RECORDS,	prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFO	ORMED	20a AUTOPSY?	20b. IF YES, WERE F	
L RE	ws ws	Ē	Section 1				YES NO	IN CERTIFYING CA	NO [
DIVISION OF VITAL NG PHYSICIAN: The	s certificate bourial-transit Mental Hygie	- W	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW IN	NJURY OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PAI	RT 2)
OF V	ol-tronsit troit Hygi-		OR CONTRIBUTING CAUSE OF DE		DAY YEAR				
ON OI HYSICI	buriol-t Mental or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e. PLACE OF INJURY	211 LOCATE	ION			
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a NO	After the os the olth one morked		AT WORK	ital) attended the deceased from	71 4 4/9	9 10 1/0	5	1/610 86	that (we) lost
	S. 4 C. 20		sow the deceased alive or		V G and that in (my	(our) opinion dec	oth occurred on the dot		
R ATTEN	DIRECTO oched for Dept. of It		obove, (1) (we) (did) (did no 22b. SIGNATURE	ot) view the body after death	DEGREEN	2			DATE SIGNED
90			220. SIGNATORE	2/11	L 11.1		MEDICAL STAFF	\	116/012
ITAL by th	RAL det tote	1	and Billy Colonia and the	caff. It .			DIRECTOR PHYSICI	ANA	110100
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ВР			BURIAL	5/19/86 8	rekwood Co	enetery	f	3ALTIMOR	e Md.
DHMH	1 - 16 60M 7/84	24	UNERAL DIRECTOR	ADDRESS		250 DATE R	EC'D. BY REGISTRAR 2	5b. REGISTRAR'S SIG	GNATURE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

uneral director. p

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should be detached for use as the burial-transit permit. Then please remove carbandape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Item 21 is marked or Item 18 shaws ony

Burial

TO FUNERAL DIRECTOR: After this certificate has been signed by the

ATTENDING PHYSICIAN: The lo

retained by the haspital TO HOSPITAL

injury, or ather troumotic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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i	1-	REGISTRAR				CERTIF	ICATE OF DEATH	9	REG. N	0.		
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	3. SEX			4. RACE		5. DATE C		6 AGE	IN YEARS LAST BIR	RTHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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		TY OR TOWN OF D			HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION		AL OCCUPAT		126. KIND C INDUSTRY	OF BUSINESS OR
		Baltimo:		Chur				Hou	sewif		<u> </u>	
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Ñ	14 FA1	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE		LAS	51
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		(AS DECEASED EV		MED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRI	ESS		
Ÿ.		no		Y/III	215-50-	-1482	Mary Tat:	ro 380	3 Fos	ter Av		1224
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-	F							YES [XX0N F	IN CERTIFYIN		NO []
	E E	210 ACCIDENT WAS	UNDERLYING				21c HOW INJURY OCC	CURRED (ENTER	NATURE OF INJU	IRY IN ITEM IS PART	ORPART 2)	- 141 - 30
7		OR CONTRIBUTING	_	III	.M. MONTH D.	AY YEAR						
	MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY		21f LOCATION	195 7	CITY OR TO)WN	COUNTY	STATE
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		22a 1 certify that	(I) (this hospit	o) ottended th	ne deceased from	YAY	. 19	86 to 1	MAY 2	3 19.	86	that (I) we lost
		saw the dece	ased plive on	MAY 2	3 19	8601	nd that in (my) (our) opin	nion deoth occu	rred on the d	ote and hour or	nd from the	couses stoted
		226. SIGNATUTE	rtale) (dia no	THEW THE BODY	Offer deom.		DEGREE	(A.E A.E.)		4 9 1 5	22c. DATE	SIGNED
		A. P	. /Y	ones	mi /	n. 3	? ATTENDING		AL STA		5/2	23/86
		22d PHYSICIAN'S	NAME (TYPE O	R PRIN	\$ 5-LET		22e. ADDRESS XXX	CHURC	СН НО	SPITAL	CORE	>
		ATAOLL	AH F	. NAZE	MI M. D		100 NORTH	BROAL	NAY I	BALTIM	DRE,	MD.2123
Ī	23a. BI	URIAL, CREMATIO	N, REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CREMATO	RY 23d LC	CATION			

Sacred Heart

of

BP DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR Lilly & Zeiler, Inc. 700 S. Conkling St

27'86

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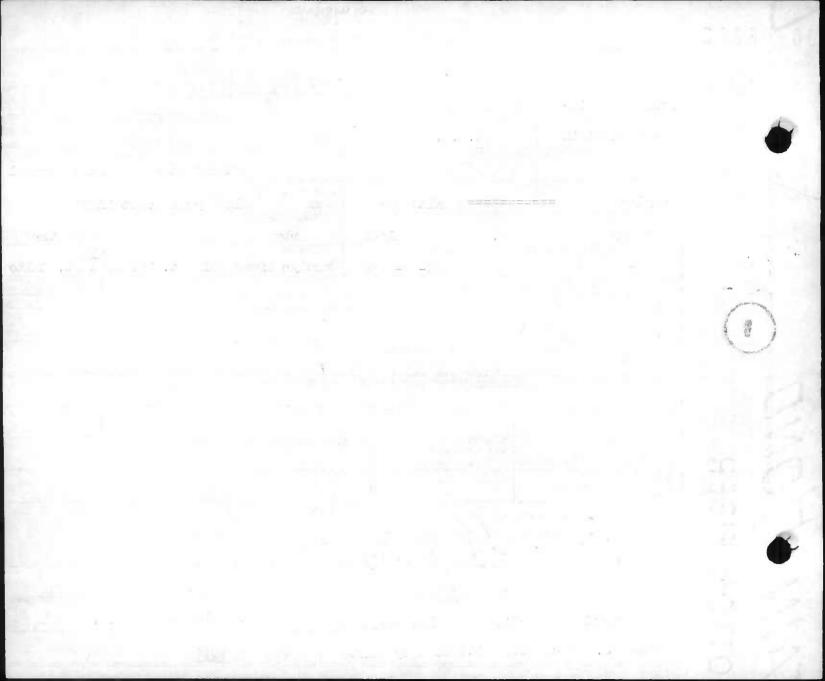
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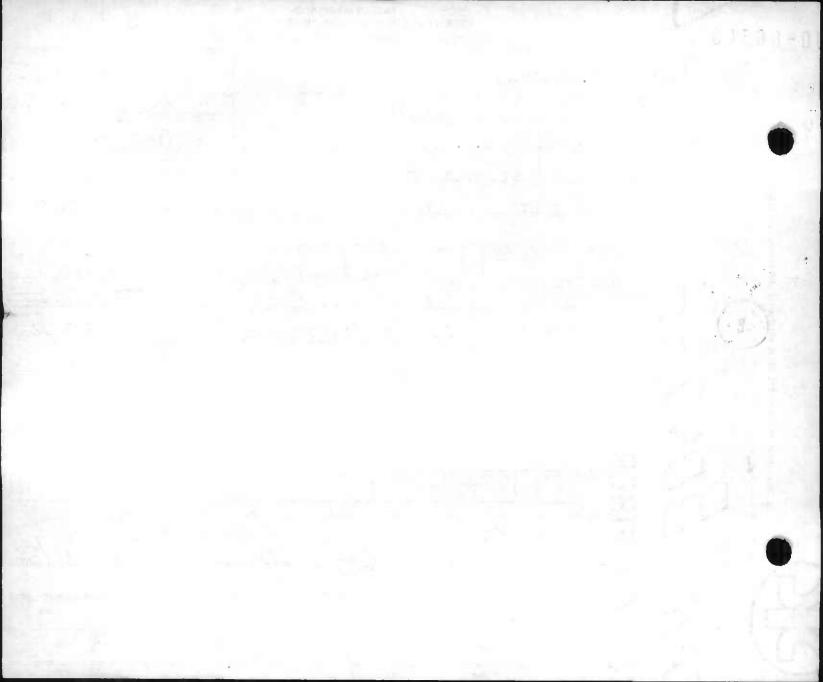
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6			IS NECESSARY, PLEASE E-FUNKRAL DIRECTOR. E-5 FOR YOUR FILES. ED, WITHIN 72 HOURS W PRESTON STREET,		IRTHPLACE (STATE OR DREIGN COUNTRY) Mass		D. CITIZEN OF WHA		8 MARR WIDOW	IED NEVER MARE	RIED 📗	ALT I MORE		MD.
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		BALTIMORE, MD. 21201	AFER DEATH AF PAGES 1, FORM PM GES 1 AND SION OF WILL		WAS DECEASED EVER	(IF YES, GIVE W		16b. SOCIAL SECUR		17. INFORMANT	2706		ildaire	
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		ā	SER A SEC		AT WORK AT V	VORK	STREET, FACTO	JRT, FARM, ETC.)					.OONII	STATE
			TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATALE DEATH, WITH THE SITE BATTH, MARYLAND, 21		22a. I certify that death resulted fran			ribed abave, held an	Autap Suicide	sy . Inspection	Undetermined ma	ond in my	apinian	
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			PATA PATA	23o.E	SURIAL, CREMATION,	REMOVAL 23b	DATE.	23c. NAME OF C	EMETERY C	R CREMATORY	23d. LÓCATION CITY OR TOWN	CC	DUNTY	STATE
			BP	100	Remov	al	5-11-86							
	,		DHMH - 17	24. F	UNERAL DIRECTOR		ADDRESS			AAAV	REC'D. BY REGISTRA	R 25h REGISTRAR'S	SIGNATURE	_
			(VR A15 ME (5))		Anat	omy B	oard	Balto.	, Md.	_ INCAS	30	1		



	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	
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06188	1.	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3 9 8 2
y be		CEASED NAME FIRST CHAI	RLES	NEWMAN MAN	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 2A M
ge 4 may be ectar, page 3 us ofter death	3. SE	Male	4. RACE Black	S DATE OF BIRTH 1928	6. AGE (IN YEARS LAST BIRTHDAY) 57 YRS.	IF UNDER TYEAR IF UNDER 24 HRS
uneral direct hin 72 hours.	S	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	
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examine sh	14. F/	JAMES .		MAN EDITH	WILSON	Wilson
Pages 1			GIVE WAR OR DATEST	24-7943 Dorothy M.	Newman 2855 W. 1	Mulberry St.21223
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P	23a. I	BURIAL, CREMATION, REMOV (SPECIFY) Burial	7AL 23b. DATE 5-15-86	23c. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Pk	CITY OR TOWN	to. Co., Md.
	24 F	UNERAL DIRECTOR		21 220 25a DA	TE REC'D BY REGISTRARIZED REGI	STRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

Marshall W. Jones, Jr. FH 4101 Edmondson Ave.

MAY 2 4 1985 Julia Laurian Fry

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ersell . Joses, Jr. E. 101 actions ave.

OR ATTENDING

TO HOSPITAL

DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE

CEPTIFICATE OF DEATH

	REGISTRAR							
	CEASED NAME FIRST	WIDDLE	LA.	ST	2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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TE	X /	RACE	5. DATE O		6 AGE (IN YEARS PAST BI	RIHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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_	18 CAUSE OF DEATH (Enter only	one cause per line for to the		mis-waise,	WEUTHIN .	14/2	APPROXI	IMATE INTERVAL
	PART I. DEATH WAS CAUSED	BY:		· C			100000000000000000000000000000000000000	
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DHMH-16 50M 1/81 (VRA 15, 4)

Eline Jureral Homa Resist.

FOR STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

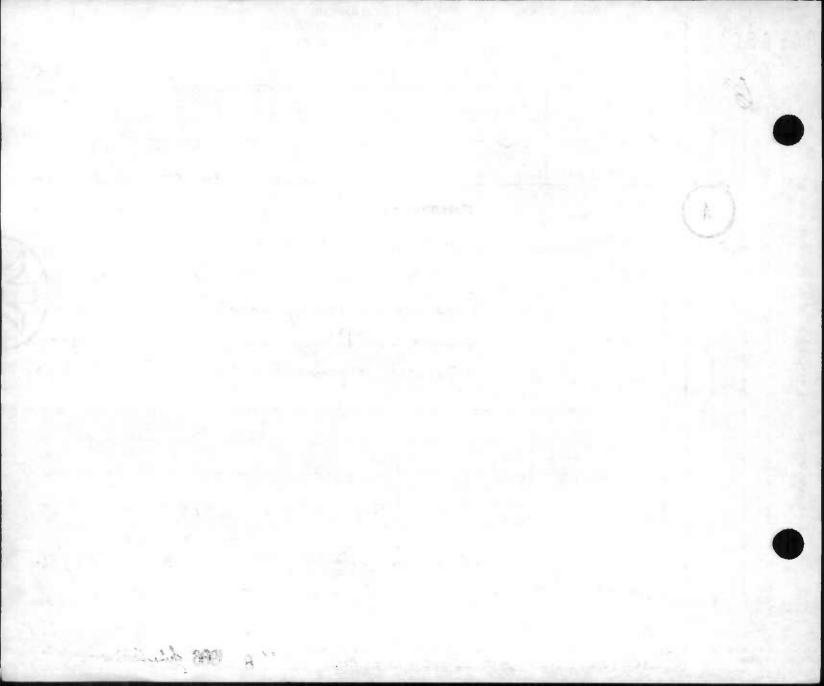
4	_									REG. NO.			
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nerol m n 72 ho st once:	10	BIRTHPLACE (STATE OR FOREIGN	U.S.A. WIDOWED	DIVORCED	BALTIMORE CITY OR COUN	= CITY MD.
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RECTOR. red for us pt. of He em 21 is			= 17		oth occurred on the date and h	our and from the couses stated
by the JERAL DII Stote De ANT: If It		22d. PHYSICIAN'S NAME	eseph W. Sullan, 1	ATTENDING PHYSICIAN C	MEDICAL STAFF DIRECTOR PHYSICIAN	5/3/86
TO FUNER, should be dwith the Sto	23a	Joseph MV.			tt Key Med.	Center
BP		Burial	E-7.01 D1	un Cemetery	Ba It more	Battemore Md.
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00-	06166	1-	FOR STATE REGISTRAR			EPARTMI	ENT OF H	EALTH		NTAL HYGI	ENE A	REG. NO	3	9 8	5
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	ELAY IS NECESSARY PLEASE TO THE FUNERAL DIRECTOR. A PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS 25, ROI W. PRESTON STREET.	FO		r, Englar		Britai	n	WIDOWI	D 🗀 K	DITORCED C	Int	ernati	onal	Waters	
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BALTIMORE, MD.	JRS AFTER DEATH. IF AN B. GIVE PAGES 1, 2, AND WITH FORM PM 3, RET T. PAGES 1 AND 2 SHOU DIVISION OF WITH REC		VAS DECEASE ES, NO, OR UNKNO NO	DEVER IN U.S. AR WN) (16 YES, GIVE	MED FORCES?		ne	NO.		J.M. Wi	lliams				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOW ICATE, WRITING THE WORD, "PENDING". IN PENCIL IN ITEM 18 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TORS, PAGE 33 HOULD BE USED AS A BURIAL. TRANSIT PERMITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		gave ri	ns, if any, which se to immediate stating the under-	DUE TO, OR										
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	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STINGORE, MARYLAND, 2		22a. I certi		ge of the remains desc iral causes ,	Accident	7	Autaps	y L.J., Hamicia	de . Ur	, Inquiry		d in my ap	enian	
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9999	BP	24. F	Crema	TOR	May 10, 19	86 Wes	stview	/ Mem	orial	Ca DATE REC'D	atonsvi	AR 25b. REGI	Balti	more M	larylan
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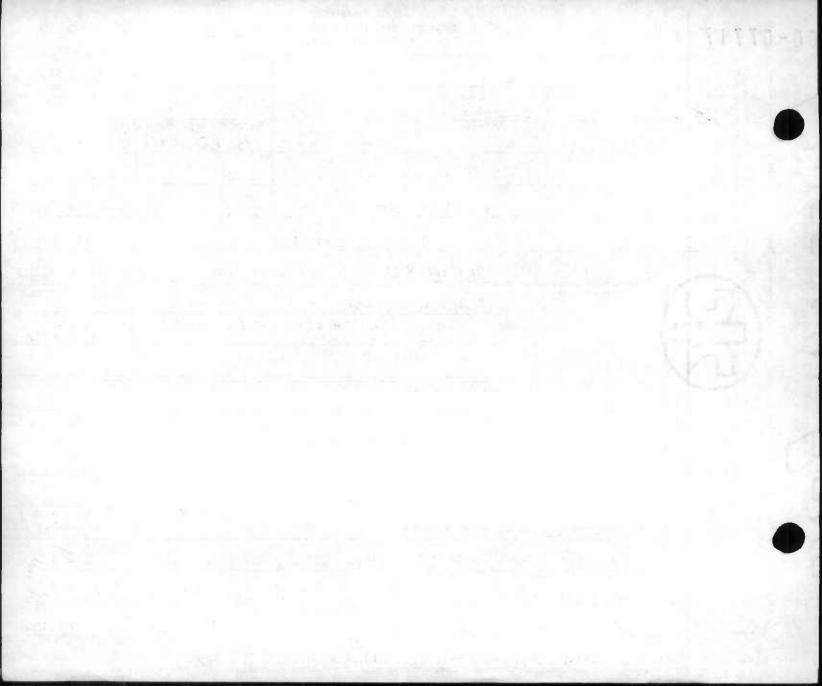
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-07201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6 REGISTRAR L DECEASED NAME KNOWN 1 (TYPE OR PRINT) 5-17-86 NORWOOD DEATH MATED MARK 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 5-17-86 3: 46A DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE MARRIED NEVER MARRIED & FOREIGN COUNTRY) Baltimore City WIDOWED DIVORCED U.S.A MARYT AND CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION EUTAW GARDEN APART Johns Hopkins Hospital Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 113h COUNTY 2643 N. ALSOUITH STREET YES X NO T 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FSSEX ODESSA JENNINGS POWET I. NORWOOD 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS UNKNOWN ODESSA JENNINGS 2643 N. AISOUITH STREET 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LOG 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NT OF HE YES X NO EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD 8 AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BU 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOOR HOUR A.M. MONTH DAY YEAR subject shot CONTRIBUTING CAUSE OF DEATH 3: 02AM 5-17-86 21e PLACE OF INJURY (AT HOME. 211. LOCATION 714 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN Baltimore, Maryland WHILE NOT WHILE X 2643 Aisquith Street front porch Autopsy X 22e. I certify that I took charge of the remains described above, held an Inspection and in my opinion Homicide X deoth resulted from Undetermined manner TITLE (SPECIFY) ACTUAL DAR-17-86 M.D. Assistant MEDICAL EXAMINER 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS (TYPE OR PRINT) 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY MARYLAND 5-22-86 LANSDOWNE BURIAL MOUNT ZION 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WM.C.MARCH F/H INC. 11015 EAST NORTH AVENUE **DHMH - 17** www. Keeplandelsh (VR A15 ME (5))

				STATE O	MARYLAND			and Ha
-07717	1 -	FOR STATE REGISTRAR	DEP		TH AND MENTAL HYG ATE OF DEATH	REG. N	. 3	983
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ma).	3. SE:		I. RACE	5. DATE OF 8	IRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	DAYS HOURS MIN.
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56 5413		URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEM	TERY OR CREMATORY	23d. LOCATION CITY OF JOWN	COUN	
BP		Burial	May 27, 1986	Loudon Pa	ırk	Baltimor		Maryland
DHMH - 16 60M 7/84		INERAL DIRECTOR	ADD	Ävenue		E REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATURE
(VRA 15, 4)	Но	ward H. Hubbard	Funeral Home	; 4107 Wil	kens	AY 27 1986	1 asarana	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		8
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J	FOR STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 9 8 9
	CEASED NAME PRIST	F.	NURICK 5. DATE OF BIRTH	26 DATE OF DEATH MONTH D MAY 26 6 AGE (IN YEARS LAST BIRTHDAY)	1 1986 1:10 fm
7a BIF	ETHPLACE (STATE OF FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
10 CI	MARY LAND TY OR TOWN OF DEATH BALTIMORE	USA 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A LEVINDALI	DDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY HOME
130 S	TARY LAND THER'S NAME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE INTY RETURN RANDALLS		13° STREET ADDRESS ZIP CODE HAMOR RD.	#21133
2	JACOB	FREEDENBER	G FIRSMOLLI	E	CÔHEN
(7	(AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES G	RMED FORCES? IVE WAR OR DATES) 16b SOCIAL SECUR		ON J. NUMBERS RD. #4 BOSTON,	MASS 02115 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUED (b) DUE TO, OR AS A CONSEQUED (c) CONDITIONS CONTRIBUTING TO D	<u> </u>	ninal disease or condition give	N IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (YES NO YES	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (1F EITHER NOTIFY MEDICAL EXAMIN 214. IN JURY OCCURRED	EATH HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT : OR PART 2)
MEC	WHILE NOT WHILE AT WORK 220. I certify that (this has	(AT HOME STREET, FACTORY, OFFICE FA	RM. ETC) STREET	city or town	STATE 9 that (we) last
	saw the deceased alive a above. (we) (did) (272). SIGNATURE LIM 22d. PHYSICIAN'S NAME (TYPE ESTRELITA	view the body after death	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1226 DATE SIGNED
(BMOVAHMATION, REMOVA BURIAL	JUNE 3,1986 H	AME OF CEMETERY OR CREMATORY EBREW CEMETERY	23d. LOCATION CHARLOTTE	N. CAROLINA
	NERAL DIRECTOR SO 6010 REISTERST	L LEVINSON & BROS OWN RD. BALTO.,		IN 4 1986 Juhan	AR'S SIGNATURE

8 100 N 2 40 GC. S no 35 5 43 1-40 1 1 10 1 . -----BARLAN

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		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H	HYCIENE
6	1	STATE REGISTRAR	CERTIFICATE OF DEATH	8 6 3 9 9 U
1		CEASED NAME FIRST	MIDDLE LAST	20 DATE OF DEATH MONTH DAY YEAR 2b. HOUR
/		John	Ray NUS bourn	05 20 86 2230
	3. SE	Male	White S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 95 VANOTHS DAYS HOURS AIN
-	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	9 BALTIMORE CITY OR COUNTY OF DEATH
5	_	rroll Co.	U.S.A. MARRIED NEVER MARRIED WIDOWED X DIVORCED	Deltinone dita
/		TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120. USUAL OCCUPATION 126 KIND OF BUSINESS O
1		altimore	Baltimore County Gen. Hospi	ital Teed Stol
20	13a.	STATE	NTY 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS:	? 13e.STREET ADDRESS / ZIP CODE
2	_	7	roll Westminster YEST NO	530 Locust Ave 21157
1) 1	THER'S NAME FIRST	MIDDLE LAST 15 MOTHER'S MAIDEN I	MIDDLE
O.	160.	Jesse VAS DECEASED EVER IN U.S. AR	David Nusbaum Barbara	
2			VE WAR OR DATES)	729 Old Westminster
	-	IN CAUCE OF BEATH, Sans	1212-01-8793 Helen N.	Green Westminster, Md. 21
1		PART I. DEATH WAS CAUSE		APPROXIMATE INTERVAL BETWEEN ONSELAND DEAT
/		IMMEDIA	TE CAUSE (o)	My Company
тоот		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	to freewing -
		gave rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEQUENCE OF	
		underlying cause last.	(c) Coultro Va	scula Acules
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIVEN IN PART 110
17	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED
1	I F			YES NO YES NO NO
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)
9	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 19	
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
		AT WORK AT WORK		
		22a. I certify that (I) (this hasp sow the deceased alive on	ital) attended the deceased from 4 19 8 and that in (my) (our) apinis	6, ta \$ /20, 19 86, that I) (we) la
	1	obave, (I) (we) (did) (did no		ion death occurred on the date and haur and from the causes stated
		ZZG. SIGNATUKE	DEGREE	GMEDICALSTAFF
-		22d. PHYSICIAN'S NAME (TYPE	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN 3/2//8
1	32	DUBE	N RELOER MD 914	north 10 ale State - BA
+	23a. E	URIAL, CREMATION, REMOVAL		23d LOCATION
		SPECIFY) Rurial		tery Westminster Carroll M
34	24 1	BUEDAL PARECTOS	omas D. Fletcher & Son F. H.	DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	8	M / 25	4 East Main Street	MAY O R mail
			Stminster, Md. 21157	TAY TO A THE STATE OF THE STATE

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0 6 2 5 4	1.	FOR - STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 6	5/479	99	1
de o be		CEASED NAME FIRST	DONE	WIDDLE		YKULA	2a DATE OF DEATH	5 ay	8 25 HO	OUR:
ge 4 mo: ector, po	3. SE		4. RACE	AUC	S. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF UND MONTHS YRS.		DER 24 HRS
deoth. Pos		RTHPLACE (STATE OR FOREIGN COUNTRY) BALTIMONE		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY O	R COUNTY OF D	EATH	MD.
S offer o	10. C	BALT.		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE TYPE OF WORK FOR MOST O ROller	F WORKING LIFE) IN	o. KIND OF BUSING DUSTRY eth, Stee	
AND 212	13a	AL RESIDENCE (IF NURSING HOME STATE 13b. COL		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE DO NAKE	U ST	2/225
MARYL,	J. F.	ATHER'S NAME FIRST UNKNOWN	WIDDLE	Nykula		15. MOTHER'S MAIDEN NA FIRST Anna			nknowm	
TIMORE, be execut on ond b. Poge		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	2/3-07-		Milton Nyki	ADDRE ula 6618 0"I		St 21224	+
res that the death certifined by the attending planes corbang parties, cremotion, or removial, cremotice every, or other troumatic every		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANI	(b) DUE TO, C	DR AS A CONSEQUE	ENCE OF	UNKNOWN			30 A	mh
IL RECORDS he low requi on. t permit. The ene prior to b oxe ony injury	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES []	RE FINDINGS US CAUSES OF DE	ATH?
PATTENDING PHYSICIAN: The hospitol or ottending physician RECIORs, after this certificate def for use os the buriol-tronst spt. of Health and Mental Hygisten 21 is marked or Item 18 shytem 21 is marked or Item 18 shytem	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this has sow the deceased live opone) (I) (we) (idid) (did) 22b. SIGNATURE	21e, PLACE (AT HOME, SI	.M. MONTH DM. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC }	211. LOCATION STREET 19 10 d that in (my) (our) opinion DEGREE	RED (ENTER NATURE OF INJUR	wn CC	OUNTY	STATE)(we) lost stoted
HOSPITAL O Proined by the OF UNERAL DI With the Store Do		22d PHYSICIAN'S NAME ITYPE OTTO	E OR PRINT) KA	Journal 15CH,	do de	ATTENDING PHYSICIAN [MEDICAL STAF	IAN 💇	5-/4/	86

23c. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Walter G. Dabrowski ADDRESS 1005 Dundalk Avenue

5/7/86

23b. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

23d LOCATION
CITY OF TOWN
Baltimore 250 DATE RECED. BY REGISTRAR 250, REGISTRAR'S SIGNA

COUNTY

THE RESIDENCE AND A STREET

Fact North Telephone

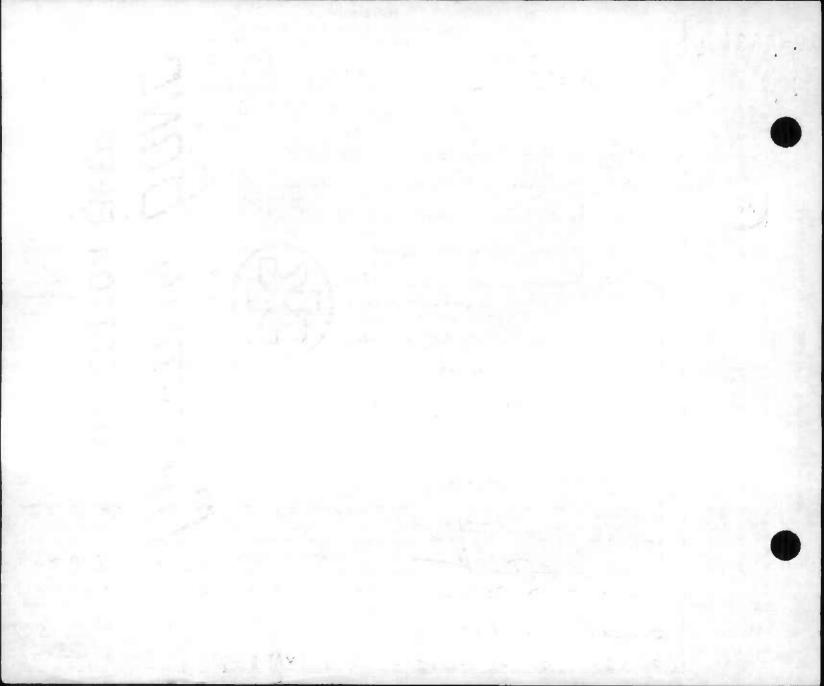
Million Woman tolly U Jones II or 21224

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AL RE	The la	e has
OF VIT	CIAN:	rtificat
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	PHYSIC	this ce
DIVI	DING pr aff	After
	ATTEN	CTOR
	the ho	1 DIRE
	OSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within the death. Page 4 ned by the haspital or attending physician.	UNERAL DIRECTOR. After this certificate has been signed by the attending physician and Comple 🖙 🖛 🖰 🏄 toneral director

9/ 1-	FOR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	SIENE 8 6	3 9 9 2
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(1465	ORPRINT) ALIC	E 5 00	KLESBY	05 1	10 86 727 PM
3. SE.	(4. RACE 5. DA	TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
10	FEMALE	BLAZIC "	02 11 26	60 YRS	MONTHS DAYS HOURS MIN,
	RTHPLACE (STATE OR FOREIGN	11.5.7	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	Of DEATH
10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF, WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
130 S	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS TY 13c. CITY OR TOWN MIDDLE LAST	13d INSIDE CITY LIMITS? YES NO 1	130 STREET ADDRESS / ZIP CODE	LAST LAST
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY N	O. 17 INFORMANT Romald Ogo	Carry 4014 Pm	ba Dd
other traumatic event, the r	PART I. DEATH WAS CAUSE	DBY: CARDIDPU DUE TO, OR AS A CONSEQUENCE C (b) CARDIDE DUE TO, OR AS A CONSEQUENCE C (C) AZUTE N	LMONARY AT	RREST CK	APBROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury, or o	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO DEATH			
8 shows ony injur	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPER		200 AUTOPSY? 206. IF YES	S, WERE FINDINGS USED SYING CAUSES OF DEATH? S NO (X)
- /	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY Y		RED (ENTER NATURE OF INJURY, IN ITEM IB P	PART I OR PART 2)
ed or Item	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETG	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
121 is mort	220.1 certify that (1) (this haspi	ital) attended the deceased from 86	of obe 1986, and that in (my) (aur) apinion	death accurred an the date and hau	
NT. If Hen	22b. SIGNATURE	Solver		MEDICAL STAFF DIRECTOR PHYSICIAN	5.10 86
MPORTANT:	SUDHIR!	D. PATEL	NORTH E	HAPLES GEN	. HOSPITAL
23€.	BURIAL, CREMATION, REMOVAL		OF CEMETERY OR CREMATORY	23d. LOCATION SITY OR TOWN 5 22 6 DEV	Ribbus Theps
7/84 24 F	UNERAL DIRECTOR	ADDRESS AND ALL	n Central MA	E REC'D. BY REGISTRAR 255 REGIST	RAR'S SIGNATURE



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•				MED	ICAL EXAMIN	ER'S C	ERTIFICATE O	FDEATH	REG. NO.	3 7	7	9
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	ASE EES. EET,	(TYPI	Edna	Ma			dfield		MATED	5-29	1986	
	RY, PLE DIRECTO DUR FIL 72 HOU ON STRE			5. DATE OF BIRTH	1 89 7 6 AGE (IN YE LAST GIRTHD		DER 1 YR. IF UNDER 2	MIN PRONOUNDEAD	NCED	5-29	1986	2:00 P. N
	RAIL	7a. Bf	RTHPLACE (STATE OR	76 CITIZEN OF WH	AT COUNTRY?	8 MARRI	ED NEVER MARRIE	9. BALTIM	ORE CITY OR	COUNTY O	DEATH	
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he	A GE L			(IF NOT IN SUCH FAC	TITAL, NURSING HOMI BLITY, GIVE STREET ADDRESS) The Alamed		ER INSTITUTION	FOR MOST OF WOR Housewa	KING LIFE)		KIND OF BU OR INDUST	
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201 W.	EXAMIN EXAMIN IAL-TRO MENT, OR	TO BESTATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) Edni 3. SEX Female 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Manyland 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF IN NURSING H 130. STATE William F. M. 14. FATHER'S NAME WILLIAM F. M. (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Ent PART I DEATH WAS CA IMMI Conditions, if any, w gave rise to imme cause (a) stating the ut lying cause last PART 2 OTHER SIGNIFICANT (DND) 190. DATE OF OPERATION 190. DATE OF OPERATION WHILE AT WORK 270. I Certify that I took death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMON (SPECIAL) 24. FUNERAL DIRECTOR NAME 24. FUNERAL DIRECTOR NAME 25. FUNERAL 26. I CERTIFY THAT I TOOK CONTRIBUTION, REMON CONTRIBUTION ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMON CONTRIBUTION, REMON CONTRIBUTION 230. BURIAL, CREMATION, REMON CONTRIBUTION ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMON CONTRIBUTION, REMON CONTRIBUTION ACTUAL CONT	cause (a) stating the under-		AS A CONSEQUENCE	OF						
DS,	AND ATIO	14	PART 2 OTHER SIGNIFICANT CONDITIONS	(-)	UT NOT RELATED TO THE TERM	AINAL OISEASI	OR CONDITION GIVEN IN PAR	Tie				
Ö	SA KEW	Z		Met	astatic Ca	rcin	oma of Brea	est.				
SE SE	HEA A MEN	E	190. DATE OF OPERATION		ION FOR WHICH OPER				-	20	AUTOPSY	?
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DIVISIO	IS CERTIFING VRIDED TO GE 3 SHOTTE DEPAIR	MEDIC	214 INJURY OCCURRED	21e. PLACE O	F INJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OR TO	WN	COUNTY		STATE
	NER: TH ICATE, V FORW/ FORW/ TOR: PA THE STA AND, 21		220 I certify that I took char-	ge of the remains desc	/ -	Autap			- []	іп ту оріпіал		
0	EXAMI CERTIFIC JUD BE DIREC WITH AARYL	TO ENTARE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX Female White To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (# IN NORSING HE ISO STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (# IN NORSING HE ISO STATE OR ISO	11/2	ral causes (1)	Accident , Su	ncide	, Hamicide	Undetermined me		2.415		0.5
	A HE HOLL			W/XI	un nou	MAM	D Assistan	t MEDICAL EXAM	AINER	DATE SIGNED	5-29-	-86
	MEDIC ECUTE (GE 4 S FUNE TER DE	100	(TYPE OR PRINT)De	nnis F. SM	vth, M.D.	T.E.	ADDRESS 111 P	enn St.,	Balto.	, Md.	2120	1
	PATO PEED	23e. Bl	JRIAL, CREMATION, REMOVAL		23c. NAME OF CE			23d LOCATION CITY OF TOWN		COUNTY	S!	TATE
07/84				06-02-80	1000000		emetery	Woodle	win a	Balto		1. ,
25M	DHMH - 17		NAME	Aboress		2310	016 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EC'D. BY REGISTRA	1 / 1.	TRAR'S SIGN		1000
	(VR A15 ME (5))	EL	line Funeral	Home Rei	sterstown	n md	21186301	13 1986	Gunar	Davidson-	Masteres	

STATE OF MARYLAND

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REG. NO.			

1 - STATE REGISTRAR			DEPAKIR		ICATE OF DEA	TH HTG	REG. NO.	1 3 7	1 7 4
I. DECEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR O
(TYPE OR PRINT) James		FA	win		O'Melia.	Sr.	5128186		1220
1 SEX		4 RACE	AA 11.1		OF BIRTH	DI.	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER) YEAR	
Male		[a]h	ite	MONT		1897	89 YE	MONTHS BATS	S HOURS MIN.
70. BIRTHPLACE (STATE)	OR FOREIGN		WHAT COUNTRY?	Feb			9. BALTIMORE CITY OR COU		
COUNTRY)	2	TI C	7.		D NEVER MARE		Daltimona Oil	L	
Marylan 10 CITY OR TOWN OF D		U.S.	HOSBITAL NUBSIN	WIDOWI			Baltimore Cit		OF BUSINESS OF
			ROMEN OF THE			.,	TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) INDUSTRY	Υ
Baltimore	404		. Caton A		1229		Salesman	Reta	<u>il Sales</u>
13a STATE	13 COUN	TY	13c. CITY OR TOW	N	134 INSIDE CITY L	IMITS?	13e STREET ADDRESS / ZIP C		
Maryland	Balt	lmore	Lansdow	ne		x	30 Clyde Ave.	, Balto.	21227
FATHER'S NAME	,	AIDDLE	LAST		15. MOTHER'S MA		ME MIDDLE		LAST
John		110-0-20	O'Meli	a		aret		Gou]	
MAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
(YES, NO OR UNKNOWN)		WAR OR DATES)	217-03-5	216	Sarah M.	O'Me	elia, 30 Clyde	Avenue.	21227
TIN CALIFFOR DE	ATM Esternal		r line for ta to and	die/			e neme		DXIMATE INTERVAL N ONSET AND DEATH
	immediate oting the use last	(c)_	ONTRIBUTING TO	DEATH BUT	MATS.	THE TERM	inal disease or condition	GIVEN IN PART 1	lia
190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORME	D		FYES, WERE FIND ERTIFYING CAUSE YES	
OR CONTRACTOR	CAUSE OF DEA		DF INJURY .m. MONTH DA .m.	YEAR	216 HOW INJURY	Y OCCURR	RED {ENTER NATURE OF INJURY IN ITEM	18 PART (OR PART ?)	
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77s I certify that saw the dece obove. (1) (we	(I) (this hospid resed alive on, () (did) (did not	1-6	1-06		nd that in (my) (our	opinian (deoth occurred an the date and	hour and fram th	, that (I) (we) las
276 SIGNATURE	men	n				NDING &	MEDICAL STAFF	17/2	192
PHYSICIAN'S	NAME TIME OF	PRINT) A	vga		3356	W.	ilum.	Dri.	Bulg
THE BURIAL, CREMATIO	N, REMOVAL	236 DATE	23 €. ↑	AME OF	EMETERY OR CREA	MATORY	23d. LOCATION	COUNTY	STATE
Buria	al	5/31/	86 Me	adowr	cidge Mem.	. Pk.	Elkridge	Howard	Md.
24 FUNERAL DIRECTOR				The state	21 000		E REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNA	ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.



OR ATTENDING PHYSICIAN: The low requires that the

retained by the hospital or attending physician.

TO HOSPITAL

BP.

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ST	ATE	OF	MA	RYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	6 REG. NO.	· ·	3	9	9	3
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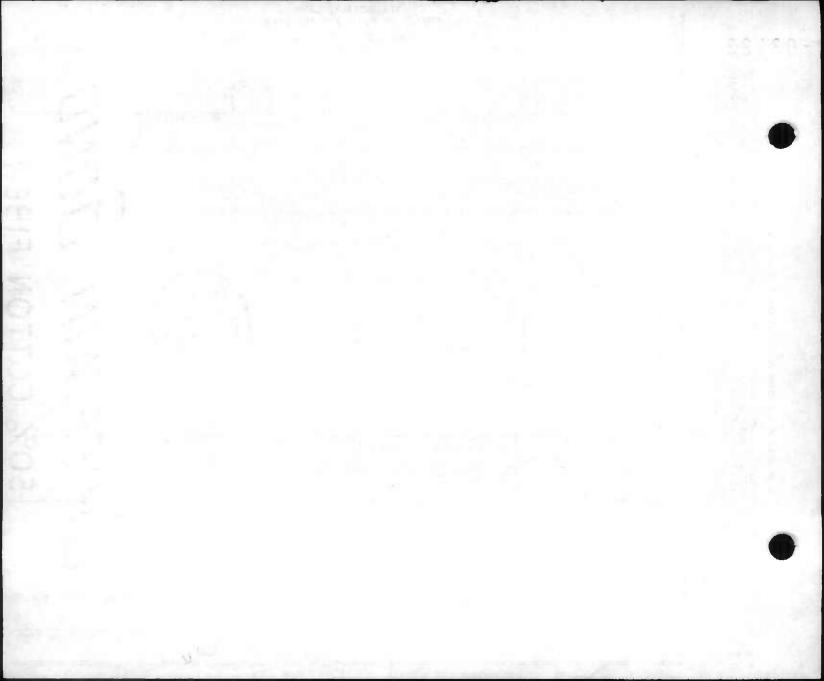
3. SEX M 76. BIR		MIDDLE		CERTIF	ICATE OF DEATH	REG. NO	. 1	0 /	1 4
3. SEX	SA			L	AST		MONTH DA	AY YEAR	26 HOUR
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7d. BIR		4 RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) I	F UNDER I YEAR	IF UNDER 24 HR
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	RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT			XXNEVER MARRIED	9 BALTIMORE CITY OF		OF DEATH	
I V	MARYLAND	U.S.A		WIDOWE	DIT DIVORCED	BALTO.	CI	TY	٨
	TY OR TOWN OF DEATH	11. NAME OF HOSPI	ITAL, NURSING	G HOME O	OR OTHE 2112 TO BION	12a USUAL OCCUPATION	ICIAN	12b. KIND O	F BUSINESS C
P	BALTO.				E., APT. 406	PROFESSIONA			USIC
JSUA III. S	AL RESIDENCE (IF NURSING HOME C TATE 136 COU		CITY OR TOWN	٧ !	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	(212)	08)
_	MARYLAND —		BALTO).	YESXX NO 🗆	7219 PARK H	HE I GHT	S AVET	APT. 4
14. FA	THER'S NAME WILLIAM	WIDDLE	ÖRMAN	٧	15 MOTHER'S MAIDEN NAI	ME MIDDLE		UNKNO.	NY
16a W	AS DECEASED EVER IN U.S. A	IVE WAR OR DATES	SOCIAL SECUP		17 INFORMANT	ADDRE:	SS APT.	406 (21208)
Ý	ES WWI	1-NAVY 21	7-07-19	964	MRS. MARION (ORMAN 7219 F	PARK H	EIGHTS	AVE.
	Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last	DUE TO, OR AS A	a conseque	NCE OF					
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	IBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVE	N IN PART 1:0	0
IFICATION	PART 2. OTHER SIGNIFICANT				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	NGS USED OF DEATH?
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BALTO, MD 21215

DHMH - 16 60M 7/84 (VRA 15, 4)

6010 REISTERSTOWN RD

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DIRE OUR ON S		M	В	8 23	83	2 YRS.	WONINS DAYS	HOURS	DE	AD	4-9	1986	p.
WITH FORM PM.3. RETAIN PAGE 5 FOR YOUR FILES. T. PAGES I AND/2 SHOULD BE FILED, WITHIN 72 HOURS DIVISION OF VITAL RECORDS, 20, W. PRESION STREET,	7a. Bi	RTHPLACE (STATE OR REIGN COUNTRY) MARYLANI		75. CITIZEN OF WHA	S.A.	A	ARRIED N	JEVER MARRIEI		imorecity of Ltimore	_	OF DEATH	N
× 500	P	TY OR TOWN OF DE	ATH	11. NAME OF HOSP (IF NOT IN SUCH FACE 1400 blk	LITY, GIVE STRE					CUPATION (TYP		2b KIND OF E OR INDUS	
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2	730.B		Hook charge h: Noture Denr	e of the remains descr ol couses D	ibed above	M. Sucide	utopsy	Inspection Nicyle (SPECIFY) SISTANT 111 Pe	Undetermined _MEDICAL EX enn St. 23d LOCATION CITY OF TOWN	manner	DATE SIGNED	4-10	
BALTIMORE, MARYLAND 21201 P	(:	BURIAL UNERAL DIRECTOR		4-15-86		BALTIM			BAI C'D. BY REGIST	TIMORI		MARY	LAND
17 NE (5)}	W	M.C.MARC	CH F/F	INC. 11	01 E	. NORT	H AVE	. APR	14198	6 grinar	FORT FOREST	Mines	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Pages

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certificate has

Item 18

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MEDICAL

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR									REG.	NO.					
DECEASED NAME TYPE OR PRINT)	FIRST		MIDDLE		AST AST	. ,-		2a. DATE O	DEATH	MONTH	DAY	YEAR		OUR-1	,
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SEX		4 RACE		5 DATE C	F BIRTH	191	2	6 AGE IN	EARS LAST	BIRTHDAY)		UNDER I YEA	-	DER 24 HI	_
FE	MALE	C	a BASIA	N 12	25	XX		73	-XXX	Y	RS.	THS DAY	S HOU	85 M1	N.
	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			52	9 BALTIMO	RE CITY	OR COU	NTYO	FDEATH			
MARYLAN	D	U	.S.A.	MARRIE		MARRIED IVORCED	24	BA	LTIM	ORE	CIT	Y			MD.
BALTIM	DEATH		HOSPITAL, NURSING HEACILITY, GIVE STREET A SINAI	DDRESS)	Spit		7	170. USUAL TYPE OF WOR CLER	K FOR MOS		NG LIFE)	IZE KIND INDUSTR HOSF			OR
MARY LAND			13c. CITY OR TOWN BALTO.		13d. INSIDE C	NO [13e.STREET				GIT	5	212	15
FATHER'S NAME					15. MOTHER	SMAIDE	NNAM	AE .							
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TANCH			OSHRI			DA	70 13	5	ARAH			UN	<u>IKNOI</u>	VN_	
WAS DECEASED E			166 SOCIAL SECUR	ITY NO.	17. INFORMA	TNA			ADD	RESS				21	.208
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF SEPSIS Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY?

CONDITION FOR WHICH OPERATION WAS PERFORMED Pertoration lon

YEAR

NOT

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART | OR PART 2)

211. LOCATION

86

COUNTY CITY OR TOWN

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE

71b. TIME OF INJURY

P.M

71e. PLACE OF INJURY

MONTH

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M.

4/21/86

DEGREE ATTENDING PHYSICIAN

MEDICAL

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

utton

DENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

21d. INJURY OCCURRED

22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

736 NAME OF CEMETERY OR CREMATORY PETACH TIKVAH CEMETERY ROSEDALE

BALTO

STATE MD

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR:

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should be detach with the State De

BURTAL 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 21215 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND XXXX

250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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3310	/	FOR STATE REGISTRAR		STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	
wester, page 3 par offin death	1. DE	F	E G	S. DATE OF BIRTH MONTH JAN JAN JAY JAN JAY JAN JAY JAN JAY JAN JAN	APRIL 6 AGE (IN YEARS LAST BIR 96	MONTHS DATS HOURS MIN.
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t completely titled		AS DECEASED EVER IN U.S. ARMEI	D FORCES? 116b SOCIAL SECU	15 MOTHER'S MAIDEN NA	I3.e.STREET ADDRESS 13.22 TV	BIELCZAK
signed by the attending physicar hen please remove carbon pop a bural, crematian, ar remava jury, or ather troumatic event,		18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED BY IMMEDIATE CO. Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CON.	DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE	acute myrcoca	historifaction Condition	
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State Dept of Heolt		27a-1 cestify that (I) (this hospital) serve the deceased glive on above, (i) (we (shall (dispers)) The SIGNATURE)	The body offer death of	DEGINE ATTENDING PHYSICIAN D	death occurred on the d	of transfer of the cover of the
should be determined by the State	23a	SURIAL, CREMATION, REMOVAL 2	McRAY. M.	27e ADDRESS 1132 N. Re IAME OF CEMETERY OR CREMATORY STD N. 1.5 LA1/3	23d LOCATION CITY OF LOWN BALT	Bultimore Mcl. 21228
6 60M 7/84	24. F	UNERAL DIRECTOR	HOME EDMON	5311 AVE 250. DAI	EREC'D BY REGISTRAR	25b REGISTRAR'S SIGNATURE

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DESERBINE - COLEH MENDE STILL

BIRELL WERDLING ENGINEERS BAILS PAR PARELLE BAILS PARELLE PARELLE BAILS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED HAME MIDDLE 20 DATE OF DEATH MONTH DE PRINTS 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 1. 5EX BLAC Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN MARRIED NEVERMARRIED WIDOWED DIVORCED Baltimore City NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) · 21210 Larrison ago AL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNT 13e.STREET ADDRESS / ZIP CODE 15 MOTHER'S MAIDEN NAME ATHER'S NAME MIDDLE 166 SOCIAL SECURITY NO 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES THE LIVES MIT OR UNKNOWN (IF YES, GIVE WAR OR DATES) WWII 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and ici. PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate course to storing the underlying cause last. FICATION 1% DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOF CERT 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PAA 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on above, (1) (we) (did x did not) view the bady after death 22b. SIGNATURE ATTENDING STAFF MEDICAL PHYSICIAN ORTANT FUNER old be d the Sto

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated DIRECTOR PHYSICIAN 22e ADDRES 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

STATE OF MARYLAND

2b. HOUR

126. KIND OF BUSINESS OR

LAST

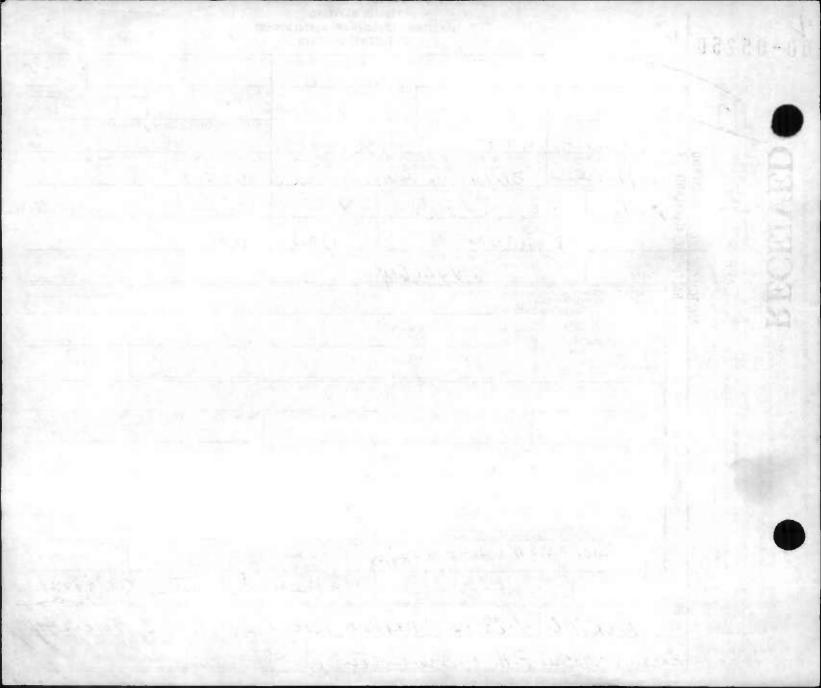
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 1 YEAR

INDUSTRY

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME FIRST 2a DATE OF DEATH MONTH page 3 MARTE Dolores OTTERBET 3 SEX 4 RACE 5. DATE OF BIRTH YEAR Caucasian Female 02/07/ 82 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED BALTIMORE CITY IB CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife BALTIMORE ST. AGNES HOSPITAL JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130, STATE 1136, COUNTY 1137, CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 238 Mallow Hill Rd. 21229 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Hofstetter Gertrude Louis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Otterbein Lutherville, MD 212-56-7956 Mr. Leo E. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which more gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse CERTIFICATION 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? per NO Hygi 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDIC AL EXAMINER)

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) MEDICAL 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY STATE STREET AT HOME STREET, FACTORY, OFFICE, FARM ETC) WHILE NOT WHILE T 22a 1 certify that (1) (this haspital) attended the deceased from sow the deceased olive on 5 9 obove (1) (we) (did) (did not) view the body after death and that in (my) (our) apinion death accurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED 1211 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 900 S. CATON AVENUE 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN 05/12/86 Buria Brooklyn Holv Cross Cem. 24 FUNERAL DIRECTOR www.districtions-lightedasse Catonsville, MD Funeral Home

STATE OF MARYLAND

2b. HOUR

12b. KIND OF BUSINESS OR

Albert

2233 W. Joppa Rd.

Home

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86

IF UNDER I YEAR

INDUSTRY

DHMH - 16 60M 7/84 (VRA 15, 4)

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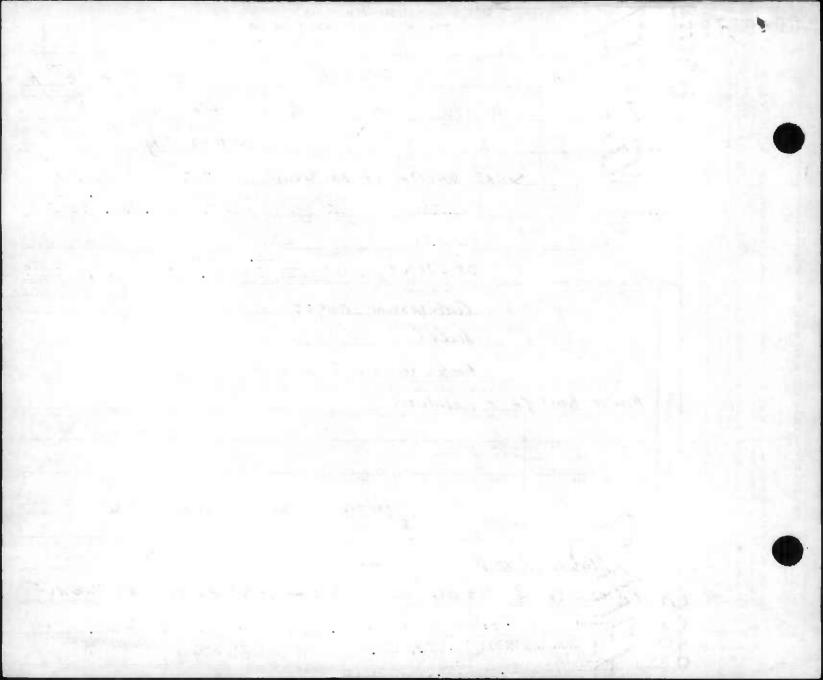
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REG. NO.				-76

20	1			STAT	E OF MARYLAND			
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50		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH OAY	YEAR 26. HOUR
r. page 3		TAA		α	"R BECK		04 22	8 10 1
0 0	3. SE	(4 RACE	5. DATE (6. AGE TIN YEARS LAST BIR	RIHDAY) IF UNDER	RIYEAR IF UNDER 24 HE DAYS HOURS MI
rs af		EMALE	WHITE	09	07 18	67	YRS.	DATE HOUSE
Poor Poor		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH
nerol of oto		ARYLAND	USA	WIDOW	D DIVORCED	Boltwerz	Cohy	
Z Article	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSINESS (USTRY
P		BALTIMORE	SINAI HU	SPITAL U	F BALANDAL	HOUSEWI		AT HOME
and be	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 136. COL	NTY 13c. CITY C		13d. INSIDE CITY LIMITS?		/ ZIP CODE A HTS. AVE	PT. 105 . 21215
2 sh	_	THER'S NAME			15. MOTHER'S MAIDEN N	IAME		
P S		SANDY	SATOS	KY	FIRST SAI	RAH	UNKN	OWN
		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	MRS. MARCIADR	BOOKOFF	3
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to to	1	Meerry	(/ enter	M	PHYSICIAN		CIAN	.,,
d be RTA!		221 PHYSICIAN'S NAME (TYPE		1 4.1	22e ADDRESS	INCADA:	15 111	7/100011.
shauld be de with the State		PRIEDRICE	J WWB			IDSAITAL C	FPAU	1100120
- 0 > =	23a.	BURIAL, CREMATION, REMOVA	23b. DATE APR. 23, 1986		CEMETERY OR CREMATOR	CITY OF TOWN	COUN	
		-0.13.11	1,1900	BETH E	L MEM. PARK	RANDALLS'	TOWN BAL	TO. MD

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 25 1960



PRESTON ST., BALTIMORE, MD. 21201

DIVISION OF VITAL RECORDS

07/84 25M

FOR STATE

STATE OF MARYLAND

DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
MEDICAL EXAM	AINER'S CERTI	FICATE OF DEATHO

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REG. NO.	-	V	4	die

	REGISTRAR REG. NO.	A 400
	CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN \(\sqrt{MONTH DATE} \) MONTH DATE (ST).	AY YEAR 2b
	ATJICE OWENS DEATH MATED \$\overline{\text{Q}} 3-28-	86.
3 SE	X 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS) IF UNDER 1 YR. 1 IF UNDER 24 HRS. 74. DATE MONTH DI	
F	emale White of the control of the co	
	IRTHPLACE (STATEOR 76). CITIZEN OF WHAT COUNTRY?	
	DREIGN COUNTRY) MARRIED U NEVER MARRIED U	PEAIN
	Maryland U.S. WIDOWED DIVORCED X Baltimore city	
1D. C	ITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IZO USUAL OCCUPATION (TYPE OF WORK 126) FOR MOST OF WORKING LIFE)	OR INDUSTRY
R	altimore 18E. 24th Street B-2	
USU.	AL RESIDÊNCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
	Md. 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS 18 E. 24th St.	21218
-	ATHER'S NAME IS MOTHER'S MAIDEN NAME	21210
	FIRST MIDDLE LAST FIRST MIDDLE	LAST
160.3	William Sibley WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
	(ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
	No 186-16-8370	
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTE
3	PARTI DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease	
	(DUE TO, OR AS A CONSEQUENCE OF	
	Canditions, if any, which	
16	gove rise to immediate (b)	
130	lying couse last.	
1	(c)	
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
MEDICAL CERTIFICATION		
13	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	AUTOPSY?
E		YES 🔲 N
U	216 EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2	
K	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
ĕ	216. INJURY OCCURRED 216 PLACE OF INJURY (ATHOME, 211. LOCATION	
E	WHILE AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	
	270. I certify that I took charge of the remains described above, held on Autopsy . Inspection X, Inquiry ., and in my opinion	n
	death resulted fram: Natural causes X Accident , Suicide , Hamicide , Undetermined manner ,	
	ACTUAL MANUACE OF YORK ASSISTANT DATE 3-3	31-26
1	SIGNATURE MEDICAL EXAMINER SIGNED)T 00
1	EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street	
730 F	AURIAL CREMATION REMOVAL 234 DATE 23, NAME OF CEMETERY OF CREMATORY 234 TOCATION	
(Removal 4-11-86	STATE
74 F	UNERAL DIRECTOR 1250. DATE REGISTRAR 1250. REGISTRAR 1250. REGISTRAR 1250. REGISTRAR 1250. REGISTRAR 1250.	ATURE
1	NAME ADDRESS APR 2 2 1006 Avi A . A	andelle
	Anatomy Board Balto., Md.	- Indiana





funeral director.

00-02831 FOR DEPAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	ILCO. TTO.					_

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	CEASED NAME FIRST						a DATE OF DI))	YEAR	26 HOUR	
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3. SE)		4 RACE		5. DATE OF		ILAR 16	AGE (IN YEAR	S LAST BIRTHOA		AONTHS	R I YEAR DAYS	HOURS	MIN
	M	В			28	92 .		4	YRS				
Ze BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED	X NEVER M	ARRIED -	BALTIMORE	_			ATH		
	MARYLAND	U.S.	Α.	WIDOWED		ORCED	Balti	more	Cit	У			٨
10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INSTI	ITUTION 1	20 USUAL OC				KIND OI	BUSINE	SSC
E	BALTIMORE	VAMC,	Baltimore	e, Mar	yland	21218	ARCADI				USIKI		
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	MARYLAND	UNIT	BALTIM		13d INSIDE C11 YES X	NO	1100 I					t.7	
	ATHER'S NAME					MAIDEN NAM		TOTATA	1 · P	، نا ۷	- ar	1. 1	<u> </u>
	CHADI EC	WIDDLE	CAST			D.V		AIDDLE	דזרחי	mr	LAST		
Ián V	CHARLES	C.	OWEN	IRITY NO	MA]		EL.	IZABE ADDRESS	TH	11	MOL		
()	YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)					a 01			044		JVD.	_
	YES		1216-07	<u>-805\$</u>	CH	ARLES	C. OW.	ENS J	R.			AARR	
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DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been ligated by the should be detached for use as the burial-transferment. Then please the with the State Dept of Health and Mental Hygiene prior to burief, even

TO HOSPITAL OR ATTENDING PHYSICIAN: The farretained by the hospital or attending physician

7	1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 8	6 REG. NO	1	4	0	0 4	
1		CEASED NAME	FIRST		MIDDLE		AST.	,	20 DATE OF		HINON	DAY Y	EAR 1	HOUR 3	
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I	34	MALE		1 RACE	丁三	5. DATE O	DAY	97	6 AGE INV		YRS.	MONTHS		HOURS MIN.	
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19		TY OR TOWN OF DEAT	Н		HOSPITAL, NURS	ING HOME	OR OTHER INST		120 USUAL ((TYPE OF WOR!	OCCUPATION FOR MOST OF	IN WORKING LI	FE) 126. K	IND OF	BUSINESSOR	
		TATE AT AND TATE	G HOME OR 36 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION) WN Ore	13d. INSIDE C	ITY LIMITS?		ADDRESS/ Harfo			212	14	
3	4 FA	THER'S NAME		MIDDLE	LAST	10	15 MOTHER'S	S MAIDEN NA/	ME	WIDDLE	_		LAST		•
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other troumotic ev		Conditions, if any, gave rise to imme cause (a), stoting underlying cause	which diote	(b)_	RAS A CONSEQ CAIZI	UENCE OF	1	TIVE	HEA		72	IRE		W	
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orkedo	MED	216 INJURY OCCURRE		(AT HOME STE	OF INJURY REET FACTORY OFFICE	-	211 LOCATIO			CITY OR TOW	2/1-	COUN	YTY	STATE	
n 21 is m		22a.1 certify that (1) (1 saw the deceased above, (1) (we) (di	alive on	05	-24-19	86,01	t - 25, and that in (my)	. 17	death accurre	d on the dat	e and hou				
MIN THE STOTE DEPT		226. SIGNATURE	1	all	m)		1		MEDICAL DIRECTOR	STAFF	AN 🔯		S. 2	GNED -4.86	
MPORTANT		SUD K	,		PATEL	-	22e ADDRES	RTH	CHAI	215:	s les	E,V,	H	usp.	
≤ 7	3a. B	URIAL, CREMATION, R	EMOVAL	23b. DATE	23.	. NAME OF C	EMETERY OR (CREMATORY	23d. LOCA	ATION					-

Garrison Forest VA

Md. STATE

Owings Mills,

DHMH - 16 60M 7/B4 (VRA 15, 4)

SPEBURIAL

24 FUNERAL DIRECTOR

March Funeral Homes 1101 East North Avenue

5/29/86

V-T	1.	FOR STATE		IEALTH AND MENTAL HYC	SIENE 8 6	1400
3		REGISTRAR CEASED NAME ORPRINT		ensi ensi	REG. N 20 DATE OF DEATH	10. MONTH DAY YEAR 126 HC 4-11-86
	3. SE	Female	dol MONTI	DE BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DATS HOURS
25	10 C	Altimorem	CITIZEN OF WHAT COUNTRY? MARRIE WIDOWE I. NAME OF HOSPITAL, NURSING HOME ((BAGEIN SUCH FACILITY) IVE STREET ADDRESS)		126 USUAL OCCUPAT	
T.	USU	AL RESIDENCE (IF NURSING HOME OR OIL	3805 GRANAC	A Ave.	134 STREET ADDRESSY	//
	10. 67	THERSHAME AM	WALLACE.	IS MOTHER'S MAIDEN NA	13803 (7)	PARRIEN
/ medica		VAS DECEASED EVER IN U.S. ARME YES, NO QUUNKNOWN) (IF YES GIVE V		MYS, CORR	in e BROW	WN6/45 STK
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Daws any injury, or o	RTIFICATION	19a date of operation	NDITIONS CONTRIBUTING TO BEATH BUT		200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE. YES \(\text{NO}\)
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OFVIT	enthody inferior	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATUR	E OF INJURY IN ITEM	18 PART 1 (OR PART 2)	
NOISIA	offerding of the Book	and on the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F.	ARM, ETC)	21f. LOCATIO)N	(ITY OR TOWN	(COUNTY	STATE
	TOR A	X 18 110		220. I certify that (I) (this has saw the deceased alive abave, (I) (we) (did) (did	on 0//	19		nd that in (my)	, 19	, to	in the date and	, 19 <u>_6</u> haur and		that (It (we) las
-	of those	The The The The The The The The The The		22b. SIGNATURE/1 ~) W.K;				TTENDING PHYSICIAN #	MEDICAL DIRECTOR	STAFF PHYSICIAN		22c. DATE:	SIGNED 6
Hayo	d be d	X T		220. PHYSICIAN'S NAME (TYPE	E OR PRINT)	V		1220 ADDRES	ς .	auth Syct			Park !	or.

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

236. DATE

(SPECINY) ENTEMBENT 5/8/1986 ARBUTUS MEMORIZATION FOR THE PROPERTY OF THE PROP

230. BURIAL, CREMATION, REMOVAL (SPECERY) ENTOAB ENT

DHMH - 6 50M 4/83 (VP 15, 4)

